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# TRANSACTIONS

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OF THE

# TWELFTH ANNUAL MEETING

OF THE

# OHIO STATE MEDICAL SOCIETY,

HELD IN THE

CITY OF SANDUSKY, JUNE, 1857.

SANDUSKY:
PRINTED BY HENRY D. COOKE & CO.
1857.

# TRANSACTIONS.

SANDUSKY, O., Tuesday, June 2d, 1857.

The Ohio State Medical Society convened in Norman Hall, at ten o'clock this morning. The President, Dr. Peter Allen, took the chair, and called the Society to order. He was supported by Vice Presidents Drs. John Davis, J. G. Rogers, and Chas. Cochran. Rev. W. S. Kennedy, who was present, was invited to open the meeting by prayer.

The Secretaries being absent, Dr. Henry J. Dunahoo was appointed Secretary *pro tem.* The report of the Executive Committee was then called for, which was presented by Dr. Tilden, the Chairman.

The Executive Committee beg leave to report:

1. That they have secured for the Society the use of the Hall in which we are convened, free of charge, with the exception of gas and hire of janitor.

2. It is recommended that the Society convene at 8 1-2 A. M., and continue in session until 12 o'clock M.; and from 2 1-2 o'clock to 6 P. M., of each day, except Thursday afternoon, when the Society is invited by the Erie Co. Medical Society to take an excursion to some of the adjacent islands, on board the steamer Bay City.

3. It is further recommended that the Society accept the invitation of the Erie Co. Medical Society, to attend the lecture of Dr. I. I. Hayes, to be delivered Tuesday evening; and that Wednesday and Thursday evenings be devoted to social reunions, in compliance with the invitations of several of the citizens of Sandusky.

5. That the order of business adopted at the meeting of the Society at Dayton be made the order of business for the present meeting. All of which is respectfully submitted.

Dr. Tilden then proceeded to welcome the members of the Society to our city, on behalf of the Committee. He said:

MR. PRESIDENT, MEMBERS OF THE STATE MEDICAL SOCIETY, AND GENTLEMEN OF THE PROFESSION OF MEDICINE: By the courtesy of my brethren of the Erie County Medical Society, I have been designated to tender to you in their behalf a cordial greeting to our midst; and through them, on the part of the citizens of Sandusky, to extend

the most liberal hospitalities our homes afford. I trust we may be able to furnish assurances of wholesome sincerity, and a just appreciation of the honor conferred in selecting our city as the seat of one of our annual deliberations. In the discharge of the pleasing duty assigned me, I deem myself sanctioned in reverting to scenes which gathering years have robbed of their realities. Forgetfulness throws its sable pall over the dimly written records of even yesterday, and leaves but a feeble trace of that which filled the measure of our obligations, yet, anon, a "trifle light as air," a long forgotten sound, or once familiar voice renews existence and gives birth to a flood of recollections. The doors of the mighty past swing back upon their hinges; we stand within its consecrated halls, and behold in just perspective a panoramic view of days bygone. This digression is suggested by reason of some of the countenances I see before me to-day, bringing forcibly to my mind a drama long since enacted. I trust the strict province of the duty so generously conferred is not violated, by unfolding the curtain of the past, and reverting to the saddened days of '49. I do not desire to open wounds which time has partially healed, but cannot withhold the utterance of the emotions your attendance at this convention produces. That desolating visitation which hovered round our homes and affixed its fatal seal upon our hearth-stones is gone, but the fond memory of those who responded to its fearful biddings is with us still, and with that memory dwells the grateful remembrance of those of your number who came faithfully to the mark, and on the score of common brotherhood made our calamity your own. The spot upon which those valuable services were rendered, is an appropriate place to tender an acknowledgment, and this occasion seems fit to its fulfillment. I do not speak alone. I but utter the common sentiment of a community deeply impressed with sentiments of lasting gratitude. A thousand happy hearts and cheerful faces greet you to-day, and the sincere benedictions of as many grateful hearts will accompany you forever. I would not wantonly transgress upon premises which have been refered to by other and more able pens, or encroach upon the time allotted me. I solicit your kind indulgence, therefore, but for a moment, to express the feelings of pride and satisfaction which this occasion furnishes. Not quite half a century since, I commenced the practice of our profession in this country and in an humble capacity have to this day continued to discharge in good faith the obligations it imposes. I am thankful for having been thus long permitted to labor for the alleviation of suffering, and only hope that

I may be spared to do faithful service for many years to come.—It is impossible to present a distinct idea of the obstacles in the pathway of the physician of early times, and an attempt on my part would perhaps prove fruitless.

Almost impenetrable forests and undrained marshes, meagre supplies of the necessaries of life and none of its comforts, together with the wearing effect of constant intercourse with the maladies incident to the settlement of a new country. The people, not at all times capable of discriminating between the legitimate man of science and the boasting pretender, were subjected to the impositions of this precious class of individuals. The reputation of the true physician suffered much from this unhappy intermixture, and demanded a remedy. Exertions were speedily made in their behalf. The very many beneficial effects which had always resulted to society and to the profession, from concentrated effort in the form of organization in our sister States, had long been apparent. Application was thereupon made to our Legislative Department, which accordingly, on the 8th of February, 1812, passed an act to "Incorporate a Medical Society and to regulate the practice of Physic and Surgery" in this State. Ohio, then in its infancy, contained but seven Medical Districts, which, in pursuance to this act, were fully represented at a convention of Physicians held in the town of Chillicothe, on the first Monday of November of the same year. Many important measures were brought before that learned body, which form an interesting and instructive page in the medical literature of our State, yet I do not deem it properly within the limits of my duty to enter into this discussion. Our General Assembly were anxious to have it appear upon record, that marked benefits had resulted to society by reason of this organization, as appears by the following complimentary preamble to an act passed Feb. 26, 1824, (whereas, well-regulated societies *have been found* to promote the health and happiness of mankind,) &c. An interim of 12 years between the passage of the enactments referred to, seems to have furnished adequate authority to justify the declaration, that medical organizations *had been found* to promote the advancement of a correct knowledge of the healing art.

By the active exertions of those who have been found faithful in promoting the good of our profession, we find ourselves assembled to-day, on the threshhold of the twelfth of our annual deliberations under our new charter. The goodly number I see before me warrants the conclusion that there is no faltering on the part of the Phy-

-icians of Ohio in the laudable undertaking in which they have embarked. On the contrary, I am proud to say, the spirit which seems to pervade this assembly betrays an increasing interest in the dignified objects which pertain to its organization, and vouchsafes to us ere long the consummation of our wishes. A rigid adherence to our constitution, and particularly to those rules in relation to the admittance of members, will soon strike dismay among the vast army of imposters and empirics who have so long infested society. A membership in this society, or some of its branches, will constitute a passport to the confidence of a discerning public, and mark the man as being possessed of those substantial qualifications belonging to the legitimate practitioner of medicine. This seems to me to be the only conceivable plan by which the chaff can be sifted from the wheat, and the pure coin separated from the spurious;—and were I this day called upon to adjust my final account, I could not bequeath a legacy to my profession which would more gladden my heart, than power to perpetuate this institution. To the younger members constituting the delegated body of this convention, I beg the privilege of saying—let it be your aim to preserve its existence inviolate; regard its well-being as a point indispensable to professional success, and as the most speedy and effectual method of renovation. You discover among our number a few whose heads are whitened by the snows of seventy winters—the representatives of an almost forgotten generation. Daily combat with the King of Terrors has left its trace; yet, there is no faltering,—no hesitation when distress knocks at the door, even at midnight. They whose pilgrimage on earth, like the despised Nazarene, has been to go about doing good, are with us in council; and the hand which thus long has been outstretched but to relieve, still strikes with vigor for the advancement of our profession and the good of mankind.

Dr. Kincaid moved that the report be received and adopted, and that the report with the address be referred to the publishing committee. Motion carried.

Dr. Cochran moved that a recess of twenty minutes be taken, in order to give members an opportunity to register their names.—Motion carried.

Dr. Robert Thompson indulged in a few appropriate remarks in response to the address of Dr. Tilden, and introduced to the society, Dr. J. C. Blackburn, of Kentucky, as a delegate from the Medical Association of that State; and moved that he be admitted to participate in the proceedings. The motion was carried. The President

welcomed the delegate in the following terms: "We are happy to receive you as a delegate of the Kentucky Medical Society. Our object is to cultivate good feelings among the members of the profession, and we shall be happy to have you participate in discussing the subjects which shall come before us."

The committee on admissions was then called for. Dr. I. A. Coons was the only member in attendance. The President appointed the following gentlemen to fill the vacancies:

Drs. A. H. Agard, John Dawson, T. J. Mullin, A. Metz.

Dr. McMeens offered the following resolution:

Resolved, That a committee of five be appointed to nominate officers for the current year, to report as early this afternoon as may be convenient. Adopted.

The President appointed the following gentlemen committee on nominations:

Drs. R. R. McMeens, W. P. Kincaid, R. Gundry, J. G. F. Holston, J. N. Gard.

Dr. Kincaid moved that the reading of the minutes of the last meeting be dispensed with. After some discussion the motion prevailed.

The President said, if there is any gentleman present who was a delegate to the National Association, we can hear his report now.

Dr. Kincaid suggested that if there was any such report, the Committee on Nominations might desire to hear it. The President withdrew his suggestion.

Dr. C. F. Thomas moved that the standing committees be called in their order.

Dr. Dawson remarked that the "Transactions" furnished for publication last year omitted the standing committees, but that they had been published in the medical journals of the State.

The Committee on Admissions then reported the following gentlemen for membership, all of whom were elected.

| | |
|---|---|
| Dr. John C. Preston, - - - | Brunswick, Medina Co., Ohio. |
| " Thomas M. Faggert, - - - | Dalton, Wayne Co., " |
| " C. Eaton, - - - - | Clyde, Sandusky Co., " |
| " Leman Galpin, - - - - | Milan, Erie Co., " |
| " H. T. E. Cushing, - - - | Cleveland, Cuyahoga Co. " |
| " Gustan C. E. Weber, - - | " " " " |
| " Proctor Thayer, - - - | " " " " |
| " C. H. Swain, - - - - | Toledo, " |

| | | |
|---|---|---|
| " S. A. McGowen, - - - | Columbus Grove, Putnam, | " |
| " J. K. Wood, - - - - - | Lima, Allen Co., | " |
| " G. M. Boyd, - - - - - | Xenia, | " |
| " E. L. Plympton, - - - | Madison, Lake Co., | " |
| " H. D. Mann, - - - - - | Sandusky, Erie Co. | " |

Dr. Coons moved that the Society appoint a Treasurer pro tem; whereupon a discussion arose as to which officer, the Secretary or Treasurer, should receive the fee for membership. The second article of the Constitution provides that the fees for membership shall be paid to the Secretary.

The chairman of the Committee on Nominations then reported the following names:

President—Daniel Tilden.

Vice Presidents—H. S. Conklin, John Dawson, J. N. Burr, M. B. Wright.

Secretaries—Henry J. Dunahoo, W. W. Dawson.

Treasurer—Charles Cochran.

Librarian—G. W. Maris.

Drs. Wright and Dawson declined to serve—the report was therefore referred back to the committee, with instructions to fill the vacancies.

Dr. Isaac I. Hayes, Surgeon to the late Dr. Kane's Arctic Expedition, was then introduced by Dr. Kincaid, and admitted, on motion, as an honorary member of the Society. The President welcomed him in an appropriate manner.

Dr. Baker moved that Dr. Blackburn, of Kentucky, be elected an honorary member of this Society. Carried.

The Committee on Admissions then reported the name of Dr. Julian Harmen, of Warren, who was elected.

The Committee on Nominations again reported, as follows:

President—Daniel Tilden.

Vice Presidents—J. A. McFarland, J. N. Burr, J. G. F. Holston, H. S. Conklin.

Secretaries—Henry J. Dunahoo, W. W. Dawson.

Treasurer—Charles Cochran.

Librarian—G. W. Maris.

The report was accepted and committee discharged.

Dr. Hurxthal moved that the rules be suspended requiring the election by ballot.

Dr. Coons moved that the Society adjourn. The motion was lost. The motion to suspend the rules in regard to elections was then re-

newed. Dr. Coons again moved that the Society adjourn. The motion prevailed.

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### Afternoon Session.

Tuesday, June 2d—2 1-2 o'clock P. M.

The Society was called to order by Dr. Davis, one of the Vice Presidents. The minutes of the morning session were read and approved.

Dr. Hayes then arose and tendered his acknowledgements to the Society, for its consideration in electing him an honorary member. He said:

He could not regard this as a testimonial awarded solely upon the claims of individual merit, but as a token of that generous sympathy and that spontaneous admiration which his fellow citizens of every class have manifested towards the great enterprise in whose trials and struggles he had borne an humble part,—an enterprize which was not only made glorious by the exalted philanthropy of its object and the grandeur of its results, but which was linked, in the affections of his countrymen, with the honored name of his late commander. The hopes and doubts of the civilized world had struggled for the ascendancy, when the departed Kane proclaimed his belief, in tones of manly confidence, that Franklin was yet alive. Those hopes and fears followed the little fleet under his command, when it departed on its voyage of unknown perils and uncertain fate. They gave place to welcomes when the weary adventurers returned. This life is indeed a life of contrast, and to me this warm response is enough to melt all the frozen spots, if any are yet left, within me. Through the darkness of winter and the sunlight of summer, through the shadowy days of suffering and the bright days of congenial duty—it was our hope that our labors would meet the approbation of our country. This hope has been more than realized. For this fresh evidence of generous appreciation I am incompetent to the task of due acknowledgement. If I had the whole English language at my tongue's end, I should be unable to express my thanks to this Association, for so unexpected a consideration. (Applause.)

Dr. Blackburn, of Kentucky, also thanked the Society for electing him as an honorary member. He came as a delegate from the State Medical Society of Kentucky, and was received warmly as a representative from that body, as he had expected. He had no right to

claim the distinction of being elected an honorary member. The honor had been kindly conferred, and was received with feelings of the most sensitive gratitude on his part. (Applause.)

The Committee on Admissions reported Drs. Austin, of Sandusky, Hitchcock, of Port Clinton, and Trimbley, of Florence, and moved that they be admitted as members of the Society. Carried.

The election of permanent officers being now in order, Drs. Baker and Kincaid were appointed as tellers. The list of officers reported by the Committee on Nominations was unanimously adopted. The President appointed Dr. Smith and Dr. Wright to conduct the President elect to the chair; on taking which he thanked the Society in the following words:

Gentlemen—I sincerely thank you for this expression of your characteristic kindness and confidence. I can but distrust my qualifications for the position you have assigned me, and shall enter upon the discharge of its obligations with many misgivings. My life having thus far been almost exclusively devoted to clinical practice, the rules for the guidance of deliberative assemblies have escaped that careful attention on my part which they should receive, in order to fit one for the proper discharge of the duties which devolve upon the President of this Society. However, I accept the position you have conferred, and hope to meet approval.

Dr. Smith moved that we now listen to the valedictory address of our retiring President.

Dr. Thompson moved that its delivery be deferred until to-morrow, and that the citizens of Sandusky be invited to be present at its delivery.

Dr. Baker offered the following: Resolved, That the ladies and gentlemen of Sandusky are hereby invited to attend the deliberations of this Society.

Dr. Kincaid offered the following amendment: That the ladies be invited to attend our deliberations at such times, during the present session, as the faculty of Sandusky think advisable. Whereupon Dr. Baker withdrew his resolution.

Dr. Smith then moved that the valedictory of the late President be made the order of the day for to-morrow at 2 1-2 o'clock. Carried.

Dr. John G. Kyle offered the following: Resolved, That members who have papers to read be directed to give the titles of the same to the Secretary at their earliest convenience. Resolution adopted.

Two letters were read, received by the Executive Committee, from

the Superintendents of the Sandusky, Mansfield & Newark, and the Mad River & Lake Erie Rail Roads, stating that they would carry the members of this Society over their Roads free of charge, upon the certificate of the Secretary of the Society stating that they had paid full fare one way. Dr. Baker stated that the Cincinnati, Hamilton & Dayton Rail Road Company had published the fact that they would carry the members home free of charge. Dr. Kincaid offered the following, which was unanimously adopted: Resolved, That the letters of these Companies be placed on file, and that the thanks of this Society be tendered to them for their liberal proposition.

On motion, the Secretary read the Treasurer's Report. It was moved that the report be referred to the Finance Committee. Carried.

Dr. Jones offered the following amendment to the Constitution: That the words "ballot and," in the sixth article of the Constitution, be stricken out.

Dr. McMeens gave notice that he would read a paper entitled, "Topography, Hydrography, Geology, Meterology, Mortuary Statistics, Endemics and Epidemic diseases of Sandusky."

Dr. Kyle gave notice that he would read a paper entitled "A short history of the veratrum viride, and its use in the treatment of disease, with cases."

Dr. Mead gave notice that he would read a paper on "Moral Insanity."

The reports of the Standing Committees were then called for. The Secretary read the names of the different committees, and asked if they were ready to report. The Finance Committee was not yet ready to report. The Publishing Committee was not prepared to report. The Committee on Medical Ethics being called, it was found that none of the committee were present. The Committee on Medical Societies, no report.

The Special Committees were then called. Dr. John Dawson, chairman of the Committee on Surgery, stated that he was ready to report. Dr. Kincaid moved that the Report on Surgery be made the order of business for to-morrow morning at nine o'clock. Motion carried. The Committee on Obstetrics being called for, Dr. J. G. F. Holston, the chairman, stated that he was ready to report. Dr. Smith moved that the Report on Obstetrics be now read. Motion carried. Dr. Holston then proceeded to read his paper, which was continued until the hour fixed for adjournment, when Dr. Kincaid moved that the reading of the rest of the paper be dispensed with, and that it be

referred to the Committee on Publication. Motion prevailed.

The Report of the Committee on Fractures being called for, Dr. R. Thompson, chairman, requested permission to report at a subsequent meeting, as he had not been able to prepare such a report as he wished to present. Permission granted.

On motion, the Society adjourned, to meet at 8 1-2 to-morrow morning.

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WEDNESDAY, June 3d, 1857—8 1-2 o'clock A. M.

The Society was called to order by Dr. McFarland, one of the Vice Presidents. Minutes of yesterday afternoon were read and approved.

Dr. Firestone offered the following: Resolved, That a committee of three be appointed by the President of this Society, whose duty shall be to memorialize the Legislature, at its next session, to pass a law requiring all parents and guardians to protect the youth under their charge from the ravages of that loathsome disease, Small Pox, by vaccination, with proper penalties by fines for the neglect of this important duty on the part of said parents and guardians.

Dr. Smith offered to amend by requiring School Directors to require a certificate of vaccination from some physician, before a child would be permitted to enter school.

Dr. Firestone objected to the amendment, on the ground that many children do not attend school. Dr. Baker agreed with Dr. Firestone. The question being on the adoption of the resolution, it was carried.

Dr. Allen offered the following: Resolved, That this Society recommend to all medical students to obtain a knowledge of the science of Botany. Carried.

Dr. Baker then called the attention of the committee on admissions to resolutions passed by this Society, at Cincinnatti in '54, prohibiting the admission of Physicians as members of this Society, who do business for public institutions for less than the ordinary fees in the vicinity in which they live, and likewise those who fail to become members of local societies, where such societies exist.

The President then filled the vacancies of the Finance Committee, by adding Drs. Smith and Scott. The hour having arrived for the reading of the report on Surgery, Dr. Dawson proceeded to read it.

Dr. Spelman moved that the report be referred to the Publishing Committee; pending which, the committee on admissions reported

the names of the following gentlemen for membership who were elected:

Joseph C. McBeth, Galion, O.; Thomas Stilwell, Fremont, O.; A. W. Munson, Kenton, O.; W. H. Parks, Tiffin, O.; W. C. Daniels, Toledo, O.; S. T. Finch, Green Springs, O.

The report on Surgery was then taken up and discussed by Dr. Baker, M. B. Wright, Holston, Thompson, Gundry, Blackburn and Dawson.

Dr. Smith offered the following: Resolved, That the Treasurer be instructed to settle the delinquent accounts for the year 1852, all members being credited with the assessment of that year.

The Finance Committee then reported. (See Appendix N.)

The Committee on Admissions reported that the Toledo Medical Association had complied with the requirements of this Society, and moved that it be admitted as auxilliary No. — Motion carried.

Dr. Kincaid moved that the Society meet at 2 instead of 2½ this afternoon. Carried.

Dr. Thomas moved that the Obituary report of W. W. Dawson be referred to the Publishing Committee. Motion carried. (See Appendix C.)

Dr. Coons moved that the report of Dr. Thompson on Obituary be likewise referred to the publishing committee. Carried. (See Appendix D.)

Dr. Kincaid gave notice that the committee to whom had been referred the charges of Dr. Wright against Dr. Wood was ready to report.

On motion the society adjourned.

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WEDNESDAY, June 3d, 1857—2 P. M.

Dr. McFarland one of the Vice Presidents called the society to order. The minutes were read and approved. Dr. Mullin offered the following: Resolved, That the Secretary is hereby directed to isssue his certificate of membership to insure the free Rail Road return to those members and only those who have paid all dues to the Treasurer. Resolution adopted.

Dr. Coons moved that the report of the committee on Surgery be referred to the publishing committee. Carried. (See Appendix E.)

Dr. Rea offered the following: Resolved, That a list of the members of the society be published with the transactions of the present session

and each delinquent name designated with a star (*) with the proper explanation: adopted. Dr. Peter Allen, our late President, then read the valedictory address.

Dr. Kyle offered the following: Resolved, That the thanks of this Society be tendered to its late President, Peter Allen, M. D., for the able, dignified, and gentlemanly manner in which he has performed the duties of his office; and that the valedictory just read, be referred to the proper committee for publication. carried. (See Appendix A.)

The Committee on Admissions, reported the following gentlemen for membership, who were elected:

W. T. Dean, Milan; Joseph Caldwell, Huron; A. F. Watson Logansville.

Dr. Taggert offered the following: Resolved, That it be made the duty of the Publishing Committee, to publish the act of incorporation, constitution and amendments, by-laws and standing rules yearly, with the transactions of the society. Carried.

Dr. Kincaid asked if the society were ready to hear the report of the case of Drs. Wright and Wood. Dr. Holston moved to take up the papers connected with the case above referred to. Motion prevailed; whereupon, Dr. Kincaid, chairman of the committee, remarked; I hold in my hand a report that has been made by one of the members of that committee who was delegated as chairman. That investigation is here with all the papers connected therewith. It is a voluminous report, and I desire to present a substitute. Dr. Kincaid then read the following report: In the case of Dr. Wright against Dr. Wood, your committee, he being the only one present, would beg leave to report as follows: That having examined the testimony, and all other papers connected therewith, (of which there are not a few,) he is fully satisfied that it does not come within the jurisdiction of this Society, and therefore would offer the following resolution:

Resolved, That whereas the offences of which Dr. Wood was charged by Dr. Wright, were several years anterior to his becoming a member of the Ohio State Medical Society, and that at that time he was guilty in part of the charges, and whereas no objections were urged to his admission; and there appearing in the testimony no evidence of unprofessional conduct since he was received as a member; therefore your committee ask to be discharged without further report. Signed, W. P. Kincaid, chairman of the committee.

Dr. Baker objected to the adoption of the report, and spoke at some length, giving his reasons for thus objecting.

Drs. Wright and Smith too, objected to its adoption.

Dr. Kincaid spoke in favor of adopting the report.

The question being taken on the adoption, was carried.

Dr. Thomas moved for a reconsideration of the vote. Motion carried. Dr. Harper then spoke of the necessity of members acting upon this report understandingly.

Dr. Gundry offered the following resolutions as a substitute for the resolution of the committee.

1st. Resolved, That the committee are hereby discharged from further duty.

2d. Resolved, That it appears that Dr. Thomas Wood has been guilty of unprofessional conduct in being connected with the sale, manufacture and puffing of secret remedies. Such conduct having taken place some years before his connection with this Society.

3d. Resolved, That while such conduct meets with the reprobation of the Society at any time, it has no power to punish a member for offences committed before he was a member thereof.

The question being taken on the adoption of these resolutions as a substitute for the resolution offered by the committee. Motion prevailed.

Dr. Smith moved that the report on Obstetrics be now taken up and discussed, particularly the medical properties of Ergot. Carried. Dr. Burr had frequently given Ergot, he had confidence in the remedy. Dr. Allen, too, had long used the remedy, he had full confidence in its powers.

Dr. Firestone had used the Ergot often, and had no confidence in its powers.

Dr. Smith had used the Ergotena with good results in the increase of the Parturient pains, and especially in arresting and preventing Hemorrhage.

Dr. Kincaid had frequently used the Ergot, and had the most unbounded confidence in it; he believed the child was as safe under its judicious use as without it.

Dr. Wright had employed the Ergot frequently, and believed it to be utterly worthless.

Dr. Blackburn had used the Ergot in his practice, and had always found its action prompt and decided.

Dr. Conklin offered the following: Resolved, That a special committee of three be appointed to report at the next meeting on the use of Ergot. Carried.

The President appointed Drs. Conklin, Kincaid, McMeens.

Dr. Thomas offered the following: Resolved, That Dr. Kyle's paper

on Veratrum Viride be made the order of the day, for to-morrow morning at 8 o'clock. Carried.

On motion, the Society adjourned to meet at 8 to morrow morning.

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THURSDAY, June 4th, 1857—8 A. M.

The Society was called to order by Dr. Burr, one of the Vice Presidents. The minutes were read and approved.

Dr. Kyle now read his paper on veratrum viride. Dr. Thompson moved the paper just read be accepted. Carried.

Dr. Thompson said he had used the veratrum to some considerable extent during the past year, and so far has been pleased with the results. He had used it combined with laudanum, recently, in a case of Trismus, with most happy effect.

Dr. Rodgers said he had used this remedy for the last two years, and considered it valuable. He had never been disappointed in its effects upon the circulation—it always reduced the action of the heart and arteries. He had used it freely in many cases of Pneumonia, acute Bronchitis, and Pleurisy; and in many of these cases he had found in it a substitute for blood letting. He had used this remedy with peculiar advantage combined with Spirits of Turpentine, in some of the forms of Typhoid Fever. In Inflammatory Rheumatism, after the usual preliminary treatment, he thought it better than all other remedies; he had treated many cases of this disease during the last year, and secondarily relied on this article almost entirely. He used Norwood's Saturated Tincture.

Dr. Scott said that in cases where excitement of the heart was apparent, he fully concurred in all that had been said; but in the treatment of Inflammatory Rheumatism he would not depend on that alone. There is in that disease something besides excitement of the heart, and it requires something besides this remedy.

Dr. Kincaid said the subject was to him one of great interest. The veratrum was being extensively used by the profession. He had used the remedy considerably in his practice. During the past four months they have had a good deal of Pneumonia in his vicinity, and he had treated perhaps fifty cases, using veratrum viride. This epidemic had given him an opportunity to witness the good effects of the remedy. He doubted the propriety of its use in advanced stages of Typhoid Fever, although in the first stages he had no doubt but its

influence would be salutary. He had used it in cases of this disease, and its effects in reducing the pulse was astonishing,—under its influence he had seen the pulse reduced in 12 hours from over 140 to 60. As a sedative in Inflammatory Rheumatism, he had never experienced more benefit from any article than this. Dr. McMeens gave the history of two cases of Pneumonia that had recently been under his treatment:—in the first case the pulse was morbidly slow—this symptom deterred him from giving the veratrum; in the second case the grade of action was high—here he gave the veratrum, but was disappointed in its effects in reducing the frequency, but it evidently diminished the tone of the pulse, and finally acted on the bowels.

Dr. Smith said he had used the remedy to some extent, and invariably found it to reduce the tone and frequency of the heart's action, yet he thought it could not be used as a substitute for blood-letting in may cases of Pneumonia. He had used the remedy in disease of the heart with good effects, but he did not think it better in Rheumatism than Antimony or Colchicum; he thought the veratrum should never be used in depressed conditions of the circulation.

Dr. Firestone agreed with Dr. Smith in his views on the power of the veratrum to control the pulse; he had used the remedy in a case of Tetanus, and reduced the pulse from 140 to 80 in six hours. The muscular contractions were so severe in this case, that one of the patient's shoulders became dislocated; under the use of the veratrum alone the muscular rigidity subsided, and the patient recovered. He had used the remedy in cases of insanity, and found in it an excellent substitute for the dark room. He had used the remedy, too, in cases of Dysmenorrhœa, attended with a high degree of excitement, with marvelously good results.

Dr. Baker had at one time used the veratrum to some extent, but was disappointed in its effects. He thought it useful in nervous excitement.

Dr. Thompson had used the remedy in Insanity and Delirium Tremens, with most happy effects.

Dr. Holston thought the veratrum should be used with much caution. He was aware that it controlled the pulse, but had seen one case in which it had so depressed the circulation as to produce death.

Dr. Harmon thought the veratrum would be found useful in all the cases where blood-letting was admissible.

Dr. Brennen said, as far as his experience went, a general prostration was the result of its administration.

Dr. Scott moved that the paper on veratrum viride be referred to

the Publishing Committee. Carried. (See Appendix F.)

Dr. G. M. Boyd offered the following: Resolved, That the thanks of this Society be returned to the citizens, and more especially to the ladies, of this city, for the kindness and generous hospitality which they have shown to its members during their short stay in their midst. Resolution adopted.

Dr. Hurxthal moved that we now listen to Dr. McMeens' paper. Dr. Cochran moved to amend by inserting Dr. Smith instead of Dr. McMeens. He made the motion because Dr. Smith would be compelled to leave the city soon after adjournment. The amendment was withdrawn, and the original motion prevailed. Dr. McMeens then proceeded to read his paper. Dr. Conklin moved that the paper just read be referred to the Publishing Committee. Carried. (See Appendix G.)

Dr. Smith, chairman of the Committee on Practice, took the stand to read his Report. He stated that his report was very brief, from the fact that, although he had entered into a correspondence with many physicians, he had utterly failed in eliciting any reports.

On motion, the Report of the Committee on Practice was referred to the Publishing Committee. (See Appendix H.)

Dr. Holston offered the following: Resolved, That when this Society shall finally adjourn its present session, it be to meet again in the City of Columbus, on the first Tuesday of June, 1858, and that said city shall thereafter become the permanent location of said Society.

Dr. Hurxthal moved to amend, by inserting Massilon instead of Columbus. Amendment carried. It was then moved that all that part of the resolution after '58 be stricken out. The resolution, as thus amended, was adopted.

Dr. Hayes was then invited to give his views to the Society, in regard to the treatment of chilblains and frost-bites, and his experience in the treatment of those diseases in the Arctic regions.

He said that the influences of climate upon the animal economy were marked, and the diseases peculiar. He had never seen a case of Tubercular disease among the natives, and this is doubtless due to the great consumption of fatty food. If he had a consumptive patient, he would send him to Greenland, if possible, and put him upon train oil diet, with a dog sledge and a bear hunt for exercise. He had heard of but one case of hemorrhage from the lungs, through his friend, Dr. Kane, Jr.

The crew of the Advance suffered much from scurvy, but the Es-

quimaux are rarely afflicted with it. The prevalence of this disease he attributed to the combined influences of salt food, darkness and cold. The darkness seemed to have a bleaching effect, and tended to diminish the coloring matter of the blood. The brickdusty appearance of the blood, mentioned by Dr. Kane in his narrative, expressed it very clearly. In the treatment of this fearful disease, he derived much benefit from the use of raw potato, which he dressed for his patients as a salad; but its effect was lost when the severe cold weather of mid-winter set in, overpowering the vital forces. Strong, carbonaceous food was then requisite, and potato was good only as an adjunct. His specific was then walrus meat, or, still better, the liver of the same animal. But the term *specific* he would only use here as applicable to the meat in its raw state. It seemed then to have a power which was lost by the process of cooking. Like cooked fruits and vegetables, it lost its freshness. He gave it at first to his patients dressed like the potato, as a salad. They afterward became partial to it, and, overcoming their repugnance to raw flesh, and hard frozen, they really often preferred it thus.

It is in this condition the natives mostly take their food, and from them the Doctor received the idea to which, he believed, the ship's company owed its salvation. They had no vegetable food, and a strictly animal diet, in that region, seemed to furnish all the requisites of perfect health.

By request of Dr. Kincaid, Dr. Hayes gave his experience with frost bite, and how he had derived valuable aid from the practice of the Esquimaux. He would relate a case falling under his notice. An Esquimaux had his leg frozen above the knee, stiff, colorless, and to all appearance lifeless. He was placed in a snow house at a temperature of 20° below zero. The parts were bathed with ice cold water for about two hours, then enveloped in furs for three or four hours. Then frictions were used, first with the feathery side of a bird skin, then with snow, alternately wrapping the limb in furs and rubbing it, for nearly twenty-four hours. It was then carefully wrapped up, and the temperature of the snow house elevated, by lamps, above zero. On the third day the patient was taken to his house, (where they have often a temperature of 70° or 80°) and in seventy hours he was walking about with only a slight frost bite on one of his toes.

This treatment the Doctor thought highly philosophical, and he profited greatly by it in his own practice with frost-bitten limbs. The point being to keep away all external heat, and allow the vital powers of the system to do their work. By exposing a frozen part

to a warm temperature, the skin becomes thawed out, and dies, before the circulation can work itself through the underlying frozen tissue.

On motion, the Society adjourned, to meet at 8 1-2 to-morrow morning.

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FRIDAY, June 5th, 1857—8 1-2 A. M.

The Society was called to order by Dr. Holston. The minutes were read and approved.

Dr. Scott offered the following: Resolved, That a committee of one member from the faculty of each regular school in the State, be appointed by the Chair, to report to this Society at its next session, on the advantages of medical education. Lost.

The Executive Committee for the current year was then announced, as follows:

Drs. Metz, of Massilon; McAbee, of Canton; Firestone, of Wooster; Slusser, of Fulton; Hurxthal, of Massilon.

Dr. Gundry offered the following: Resolved, That the account of Dr. Cole and others, which remain unsettled in consequence of the difficulty with a former Treasurer be settled by the Treasurer, and their accounts be commenced anew. Carried.

Dr. Scott's report on Medical Literature was referred to the Publishing Committee without reading. (See Appendix I.)

Dr. McMeen's report on Uterine diseases was referred to the Publishing Committee. (See Appendix J.)

Dr. Thompson's paper on chloroform, (it being a review of a case where death had been produced from its effects,) was referred to the Publishing Committee. (See Appendix K.)

The Secretary stated that he held in his hand the report of the Committee on Ethics, as the Society had not time to listen to the report, it was moved to lay it on the table until next year. Carried.

Dr. Gundry, chairman of the Committee on the relation of the Microscope to Pathology, presented the report of said committee, which was on motion, referred to the Committee on Publication. (See Appendix L.)

Dr. Thompson called the attention of the Society to the Ohio State Institution for the Education of Idiotic and Imbecile youth; he spoke of the advantage to be derived from such an Institution.

The following was announced as the Committee on Publication :—Drs. Henry J. Dunahoo, Sandusky; R. R. McMeens, Sandusky; Chas. Cochran, Sandusky; Richard Gundry, Dayton; I. A. Coons, Dayton.

On motion, Dr. Mead's paper on "Moral Insanity" was referred to the Publishing Committee. (See Appendix M.)

Dr. Baker offered the following resolution, which was unanimously adopted: Resolved, That to tender our thanks to the citizens and profession of Sandusky, would be but a faint expression of our feelings, and to say that we have been made to forget that we were strangers, would express what their hospitality and friendly intercourse fully justify. The President then announced the following committees:

## STANDING COMMITTEES.

On Medical Societies.—John Dawson; C. F. Thomas; Wm. Bell; E. C. Buckingham; Henry Spillman.

On Ethics.—J. S. Taylor; J. Harman; W. W. Jones; W. H. Park; J. P. Henderson.

Finance Committee—C. F. Thomas; S. T. Finch; C. G. Eaton;—F. T. Hurxthal; Joseph Cole.

Executive Committee.—Page 20.

Publishing Committee.—Page 21.

## SPECIAL COMMITTEE.

Uterine diseases, W. B. Wright; Diseases of the skin, J. P. Judkins; Medical Surgery, W. H. Massey; Insanity, Richard Gundry ; Empiricism in Ohio, C. G. Comegys; Obstetrics, H. G. Carey; New remedies, Jno. A. Murphy; Diseases of the Eye; Gustave C. E. Weber; Croup, T. W. McArthur; Hygiene; Robert Thompson.

The President then appointed the following members of this Society as Delegates and Alternate Delegates to the next meeting of the American Medical Association.

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| Delegates. | Alternates. |
|---|---|
| Peter Allen, Kinsman, | H. B. Mosgrove, Urbana, |
| E. P. Fyffe, Urbana, | H. Austin, Plymouth, |
| John Davis, Dayton, | Wm. Trevit, Columbus, |
| R. Thompson, Columbus, | J. B. Davis, Shadeville, |
| H. J. Dunahoo, Sandusky, | J. Caldwell, Huron, |
| J. A. McFarland, Tiffin, | Henry Kuhn, Tiffin, |
| R. Gundry, Dayton, | John C. Clements, Dayton, |

| Delegates. | Alternates. |
|---|---|
| C. F. Thomas, Pomeroy, | G. S. B. Hempsted, Portsmouth, |
| G. W. Maria, | P. M. Crume, Eaton, |
| J. G. F. Holston, Zanesville, | H. Culbertson, Zanesville, |
| F. S. Hurxthal, Massilon, | H. Metz, Massilon, |
| John Dawson, Columbus, | S. M. Smith, Columbus, |
| J. W. Gard, Greenville, | B. B. Lenard, West Liberty, |
| Wm. Mount, Cummingsville, | W. S. Newton, Harmer, |
| Gustave C. E. Weber, Cleveland, | H. K. Cushing, Cleveland, |
| Thomas Stillwell, Fremont, | Pierre Beaugrand, Fremont, |
| J. G. Rodgers, New Richmond, | Isaac Kay, Springfield, |
| Robert Rodgers, Springfield, | T. J. Mullin, New Richmond, |
| W. P. Kincaid, Neville, | T. W. Gordon, Georgetown, |
| J. N. Green, Bainbridge, | G. W. Roby, Bainbridge, |
| J. G. Kyle, Xenia, | Thomas B. Johnson, Xenia, |
| R. L. Rea, Oxford, | Jonas Moore, Marietta, |
| Thos. Brennen, Dayton, | McDermot, Dayton, |
| S. H. Smith, Hamilton, | Wm. Huber, Hamilton, |
| J. D. Robinson, Wooster, | L. Firestone, Wooster. |
| Wm. J. Scott, Shadeville, | S. B. Davis, Lockburne, |
| H. G. Carey, Dayton, | O. Crook, Dayton, |
| N. Effinger, Lancaster. | G. W. Boerstler, Lancaster, |
| Thos. McNally, Chillicothe, | L. W. Foulks, Chillicothe, |
| C. C. Sams, Hillsburough, | John Treon, Miamisburg, |
| L. D. Griswold, Elyria, | N. S. Townsend, Elyria, |
| J. W. Russell, Mt. Vernon. | J. N. Burr, Mt. Vernon, |
| Sylvanus Fisher, Waynesville, | H. C. Foster, Enon, |
| J. N. Willson, Newark, | W. W. Sanger, Cincinnati, |
| J. P. Henderson, Neville, | G. W. Sampson, McCutcheonville, |
| W. Hendren, Delaware, | Williamson, Delaware, |
| M. B. Wright, Cincinnati, | W. D. Searf, Bellefontaine, |
| R. D. Mussey do. | W. H. Mussey, Cincinnati, |
| Chas. Woodard, do., | O. N. Langdon, do., |
| Geo. Mendenhall, do., | J. A. Murphy, do., |
| Geo. C. Blackman, do., | A. H. Baker, do., |
| T. T. McArthur, Wilmington, | A. L. Cass, Coshocton, |
| E. Vanatta, New Lexington, | F. L. Flowers, New Lexington, |
| O. T. Edwards, Loudonsville, | G. E. Eels, Lithopolis, |
| E. Fisher, Lebanon, | L. G. Harley, Dalton, |
| H. A. Ackley, Cleveland, | Thos. Garlick, Cleveland, |
| J. Helmich, Harrisburgh, | G. W. Helmish, Harrisburgh, |
| H. S. Conklin, Sidney, | Wm. Estep, Floydsville, |
| J. D. Gailey, Marion, | F. W. Willson, Ironton, |
| J. Harmon, Warren, | A. Austin, Sandusky, |
| James Hitchcock, Port Clinton. | C. Robertson, McConnelsville. |

Dr. Hurxthal moved that the Society adjourn.

Before the motion was put, Dr. Holston who occupied the chair, arose to resign it to its legitimate occupant, Dr. Tilden, and

thanked him on behalf of the Society, for the able manner in which he had presided over its deliberations, and desired him to close its proceedings.

Dr. Gundry offered the following resolution which was adopted; Resolved, That a vote of thanks be tendered to the Publisher and Reporter of the *Register* for their kindness in giving a faithful report of the proceedings of this Society.

It was then moved and carried that this Society adjourn to meet at Massilon on the first Tuesday in June 1858.

DANIEL TILDEN, *President.*

J. H. DUNAHOO, } *Secretaries.*
W. W. DAWSON. }

# APPENDIX.

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"A."

## VALEDICTORY ADDRESS

OF

## PETER ALLEN, M. D.,

*After retiring from the Chair, as President, at the meeting held in Sandusky, Tuesday, June 2d,* 1857.

GENTLEMEN OF THE OHIO STATE MEDICAL SOCIETY:—

The last duty required of your President, is an address. In complying with that requisition, I propose as the subject of my remarks; the state of the Medical Profession in Ohio, past and present.

To compress the events of half a century, into the space allotted for such an occasion, is indeed a difficult task and will be but imperfectly performed. I can give you but a birds-eye view of the subject, as dotted down from memory.

I propose to carry you back to the time, when Ohio was in its transition state, passing from the hunting grounds of the Indian, to the cultivated fields of the White man. When the Pioneers were under the necessity of raising smokes about their cabins, to protect them from those torments the Gnats and Mosquetoes, and when in traveling through the woods, we occasionally heard the ominous rattle of the Crotalus.

The practitioner of medicine in those days lived a life of toil and hardship. The population was sparse and the physician traveled over an extensive circuit. Sometimes with the sharp eye of the Woodman, he must keep his course by the marked trees along his route, and if his path had been cleared of the underbrush, and he had been preceded by a few wagons, he had to plunge through mud and mire. I should despair of convincing any one who witnesses the present im-

proved condition of our roads, of their almost impassible state, in the early settlement of the country. Perhaps a middle ground between them as they now are, and as they were represented by an early traveler, or rather writer, may give as correct an idea as I can furnish.

It was said, a traveler in wending his weary way through the forest, discovered a hat lying flat in the mud, he reached down to take it up, and to his surprise discovered a man's head under it, he offered him assistance, the man thanked him but said he had no need of any assistance, he had a good horse under him.

If there is any one here, who has forty years since traversed the region known by the soubriquet of the Black Swamp, he knows all I can tell him of bad roads.

The pioneer physicians, had to encounter dangers by flood and field. To pass over streams when swollen by the flood, or with the surface covered with ice, was sometimes a difficult and dangerous task, and sometimes perplexing when unattended by any great amount of danger. One of the earliest practitioners of Northern Ohio, related the following incident: Having to see a distant patient, he passed through an unbroken wilderness until he came to a river which it was necessary for him to cross. Thinking it would be both comfortable and prudent to keep his clothes dry, he divested himself of his apparel and fastened it on his neck and shoulders. He had crossed the river to the opposite side where the bank was somewhat precipitous, his horse declined making any effort to ascend it, he leaped on the shore and tried to pull his horse after him; in so doing he pulled off the bridle; the horse thus free from control made his way back again across the river; the doctor laid down his clothes on the bank and hurried across the stream after his horse; but the animal had made so great progress, that the doctor had quite a race in the woods before he could stop him, he then recrossed the river and reached his clothes in safety. I might here produce the authority of the late Judge Burnet, that in those early times, if a person wished to purchase a horse, one of the first questions with regard to his qualities would be, whether he was a good swimmer.

You will readily conclude that the long and tiresome journeys, the necessary absence from his home, his associations with a people struggling with the difficulties of preparing a home in the wilderness, were circumstances unfavorable to the acquirement of medical science. Yet his labors and plain living were calculated to give the medical

practitioner those physical powers and that energy of character which enabled him to surmount many of the difficulties of his situation.

Most of the early immigrant physicians were young, and commenced their professional career in this country. Isolated as they were from older practitioners, and sensible that they must depend on their own resources, they would diligently consult their books and plates, to prepare them for the emergencies which might occur.

The traveling over bad roads, the falling and clearing of the forests, and the raising of log buildings, were a fruitful source of accidents and frequently called in requisition, the skill of the practitioner, and he would soon observe a climatic influence which modified the diseases he had to treat.

Soon after the organization of our state government, the attention of our legislators was directed to laws regulating the practice of physic and surgery. The state was divided into districts. Those who were in practice before the enactment of the law, were considered as legally qualified for the pursuit of their profession. Those who afterwards immigrated into the state, had to present themselves before the board of censors of a Medical District, and if they could not present credentials that were satisfactory, were subject to an examination. All the medical students in the state were examined and received license before they could legally practice. The whole Reserve constituted one district. I well recollect the late Dr. Long of Cleveland attended a meeting in Warren, to comply with the requisitions of the law. I can only speak of the district where I resided: there I think the examinations were thorough, and some candidates failed of obtaining license. So far, I think the law was beneficial, and productive of much good. Those who were not licensed to practice, could not by legal process collect their charges for medical services, and were liable to be fined for practising as Physicians or Surgeons. So far as my acquaintance extended, no fines were ever exacted, but the votaries of quackery set up a vehement cry of monopoly and persecution against the regular profession. The law became extremely unpopular and was perhaps a cause of some part of the existing quackery of the present day—Under these circumstances, it was thought best by many of its friends to have the law repealed and leave the profession to depend on its own merits. Since then, our medical institutions have been alone depended on to dispense licenses.

The Humoral Pathology, was the doctrine of the schools and of the books, until near the close of the last century. At the commencement of the present century a complete revolution had taken

place, and almost every vestige of the Humoral Pathology was done away. The discoveries of the Microscope, which seem nearly to have arrived at the Cell theory of the present day, were neglected, and the importance of the fluids except for nutrition, were considered secondary to the solids. It was with these ideas that the medical student, fifty years since, commenced his career in the science of medicine.—The old doctrines of a vitiated state of the blood existed traditionally among his employers, and he would frequently be perplexed with enquiries about the state of the blood. But although the Humoral Pathology was thus laid aside and almost forgotten, it has since been resuscitated and fills an important place in the science of medicine.—Like the once conflicting doctrines of Werna and Hutton in the science of Geology, the influence of both solids and fluids are necessary to explain the phenomena of Physiology and disease.

The medical students who constituted the pioneers of this country, had but few books, compared with the voluminous libraries of the present day. Some of these were the productive efforts of genius, and some of profound research and observation. But unfortunately each author had his own hypothesis of the causes and phenomena of disease, and it appears to me that quite too much of the time of the student was occupied in learning hypothesis which are passed away and now lie buried in the tomb of the Capulets.

In the days to which I refer, the Natural Sciences had been but little cultivated in our country. To the medical men generally, they were a sealed book. In 1801 it remained a disputed point, whether a certain kind of birds, migrated to a warner climate to pass the winter, or whether they hybernated like frogs, in ponds and marshes. One of our profession in the then emporium of medical science in this country, published a treatise in favor of this migration to a warmer latitude.

The science of Botany had been little cultivated by the profession generally. Although we may now boast of many acquainted with the science, yet it has not received that attention which its importance demands. Every medical student should be versed in the science of Botany. I mention this subject in particular, from its close connection with *Materia Medica*, and with the idea, that it had been quite too much neglected.

In speaking of the diseases which prevailed in the early settlement of the country, my ideas will be probably in some degree influenced by the locality in which I reside. Intermittent and remittent fevers were seldom witnessed among us, unless where there were obstruc-

tions of some kind to the flow of water in the streams, such as dams, for mills, sand banks, &c. Yet as the country was covered with dense forests, almost impenetrable to the sun, and the surface of the land, level, with a subsoil of tenacious clay, the water was retained on the ground a long time before it would drain off or be evaporated. This rendered the climate moist, and caused some degree of languor and debility among the early settlers. They lost some of that physical vigor, which belonged to them before they emigrated from the east. There seemed to be a general disposition for an increased secretion of bile from the Liver, which was manifest in almost all our diseases.

The diseases of the early settlers, developed a much higher grade of action, than what is witnessed at the present day. The fevers in many instances showed a Sthenic diathesis, and were treated accordingly. This seemed to be the prevailing diathesis, until the early part of the year 1813 when an epidemic, which received the name of Typhoid Pneumonia, prevailed extensively over the country.—This disease manifested a low grade of action, and rendered it necessary, to resort to a different mode of treatment from what had been customary with physicians. Since then we have had occasional epidemics of Typhus fevers, Dysentery, Scarlatina, &c. The Asthenic diathesis, has been perhaps gradually gaining ground, until it would appear now in the ascendant, and the Sthenic diathesis but little known except as a matter of history.

Among the remedies for the cure of diseases among the early settlers, bleeding held a conspicuous place. It was in many instances the sheet anchor in controlling the violence of diseases. The physicians living remote from each other, frequently 20 or 30 miles apart, could not always be present to use the lancet in season; this office was frequently performed by practiced bleeders, one of whom could be found in almost every settlement. I have frequently given directions for them to bleed patients in my absence from them. While the student who reads the works of Rush and others may be incredulous as regards the propriety of their Sangradian practice of copious bleeding, I would remind him that those men were close observers of disease, that the result justified their course, and that it is more rational to conclude, that a great change has taken place in the prevailing diathesis, than that the men of those days were guilty of gross error.

Emetics were freely used in the cure of our diseases. Although we were not then guided by the author of Cunus Triumphalis Antimonii, yet we considered Tartrate of antimony an important remedy.

As an emetic it was frequently combined with Ipecac, though often given by itself. Antimony was likewise in general use in nauseating doses as an expectorant and diaphoretic.

Cathartics I think I may say, were in general use; not the mild laxation of the present day, but the stronger and potential kinds. Calomel and Jalap I should say were the favorite prescription. Not in doses of ten and ten, but occasionally in much larger doses. The cathartic practice continued in vogue until about the time that Broussais' work was published. That work had, perhaps, some influence, and the change of our diseases a much greater influence in leading to a more cautious use of cathartic medicine. Affections of the mucous membrane of the stomach and bowels had become, and still are a modification of our diseases.

Among the tonics in use, Cinchona, stood the highest among the vegetable class; but the largeness of the dose, rendered it offensive to many stomachs, and it is now happily superceded by the Quinine.

I have thus attempted to give you a general view of the diseases prevalent in the early settlement of the country, and their treatment by the physicians of those days. I have supposed that the general character of the diseases of Ohio was similar, but as we find peculiar idiosyncracies in some of our patients, so we shall find particular localities where diseases differ from those common to the regions around them. These Endemic diseases, are not always described in books, and must be learned by the experience and observation of the resident physicians. To illustrate my meaning, I will mention an incident which was related to me by an eminent physician. I will designate the characters I am about to mention, by calling them Doctors A. B. and C. Dr. A. had enjoyed the best opportunities of those times, for acquiring a knowledge of medical science. He chose a place for residence in one of the towns in the west. While attending a case of fever, the friends of the sick man urgently requested counsel, the Dr. thought it unnecessary, but finally consented that Dr. B. should be called. After the consultation; Dr. A. met with Dr. C. and enquired of him with regard to Dr. B., whether he was drunk or a fool; Dr. C. told him he could assure him he was no fool; Dr. A. said, the friends of my patient insisted that Dr. B. should be called in counsel, he told them it was unnecessary, the patient was convalescent, and all the subject of consultation would be how much chicken or squirrel broth the patient might take. Dr. B. made a visit, and after examining the patient, promptly decided that no medicine would be of any avail, that the case must inevitably prove fatal. Dr. A. was

astonished at the decision. In a few days Drs. A. and C. met, the latter enquired about the patient; Dr. A. stated that on making his professional visit, he found no patient in the room where he had been accustomed to see him, and a neat arrangement had been made of the furniture. He enquired of the family where to find the sick man, and was told he was dead and buried.

I have, in a cursory manner, alluded to some of the difficulties attending the practice of medicine in the early settlement of Ohio,—to the long and tiresome journeys necessary to fulfil the duties of the practitioner; but even here there was a sunny side to the subject. If he endured fatigue, he acquired that hardihood and physical strength which enabled him to support it. If he could not receive his meals with a regular punctuality, he could relish them when obtained, and do ample justice to the food placed before him on the table of the log cabin. No fastidious stomach interfered to render food distasteful, or impede digestion. Dyspepsia, with its legion of complaints, was as little known as snow in August. If, at night, he could not recline upon a bed of down,

"Weariness
Could snore upon the flint."

One reminiscence to which I refer with pleasure, was the confidence reposed in the physician by the inhabitants, and their friendly feeling towards him. That state of feeling, so pleasant in our intercourse with the sick and society at large, does not seem so generally to prevail as formerly; and I attribute the change, in a great measure, to the prevalence of empiricism—that wide spread epidemic which prevails over the whole country, and which is at war with all medical science. I believe the history of medicine will bear me out in the assertion, that quackery has always hurled its shafts of warfare against the regular profession. The empiric, now located in almost every settlement, boasts of his miraculous cures: the newspapers teem with advertisements of remedies for all the ills that flesh is heir to; and all boast of success in cases abandoned by the regular profession as hopeless. This state of things has had its effect, especially upon the credulous, to diminish that confidence which was formerly reposed in the regular practitioner of medicine. But, although the physician may feel annoyed, yet he may feel assured, that a straightforward course of industry and perseverance will enable him to overcome the obstacles in his way. The lights of science will ultimately dispel the mists of ignorance and empiricism.

I have mentioned that a great change had taken place in the char-

acter of our diseases, since the early settlement of Ohio. The Asthenic diathesis seems to prevail, not only here but in other countries, so far as my information extends. To what cause we may attribute this change I shall not attempt to explain; but it is certain that our diseases are and should be very differently treated from what they were formerly.

I come now to speak of some of the improvements in medical science since the commencement of the present century. At that time there had been but few medical authors in the United States, and none in Ohio. Our medical books were mostly imported. We have now those printed in our own State that would do honor to any country. The present may be emphatically called the age of improvement; and in the rapid improvement of the arts and sciences, I believe medical science has not fallen behind others, but has equalled them in progress.

I will here make a quotation from a recent publication from England. Although it does not particularly apply to Ohio, I think we may claim a share of the honor. The writer says: "We must here take the liberty of saying, that few things have pleased us more, than, in the course of our reading lately, to find such a surprising improvement in the periodical literature of our transatlantic cousins. The American journals which we have read recently abound in the most valuable and original articles, and show the rapid strides which our friends are making, to compete with the mother country. We need only add that they have our best wishes; we watch their progress with the greatest pleasure." The subject from which the above quotation is taken alludes particularly to the medical literature of the day.

Time will not allow me to particularize the recent improvements in medical science. I shall only make a few remarks as I pass along. The science of Anatomy has steadily progressed, from the time of Harvey to the present; and although abhorrent to the feelings of the ignorant and prejudiced, yet is pursued with delight by the scientific student. It has been said of the celebrated Hunter, that he slept but four hours at night, and that he was probably sustained by the pleasure derived from his anatomical studies. In Ohio, the laws have been stringent and severe against the means for anatomical investigation. But I think a better time is approaching; I feel sure that prejudice on this subject is lessening, and I think a few more instances like those of Godman and Warren will have an effect on public feeling.

Physiology, aided by the microscope, has made its advances. The important functions of Respiration, Digestion, and many others, are

better understood, and the Cell theory is of modern date. This science is in some degree taught in our common schools.

I have before mentioned the Asthenic as the general character of our prevalent diseases. New diseases and new forms of disease require the study and careful investigation of the practitioner. The Asiatic Cholera, that frightful disease which has spread consternation and desolation over so great a portion of the earth, is a new disease, and was unknown to our fathers. We are yet in the dark in regard to its cause—whether it spreads by contagion, or whether it depends (which seems most probable) on some atmospheric cause. Upon the latter supposition, may we not suppose that the same cause has had its effect in the modification of our diseases.

The increased knowledge we possess of the different tissues of the human frame, and their functions, enable us more clearly to ascertain the nature and location of disease; and the discovery by Laennec of Auscultation and Percussion has added much to our knowledge of the diseases of the internal organs.

I have alluded to the disposition which formerly existed both among medical authors and students, to spend their time upon useless hypotheses. Some of them were fanciful and ingenious; but they had but an ephemeral existence, and soon passed away. A more philosophical course is now pursued, and our authors seem generally disposed to predicate their doctrines on undisputed facts.

The list of remedies in our Materia Medica has been much enlarged during the present century. New substances have been discovered, and new combinations of those formerly known have been effected, which have added much to our facilities for curing the sick.

In our country, the practice of Medicine and Surgery have been blended together, and the duties of both have generally been performed by the same individual. I cannot enumerate the many improvements which have been made in the latter named science, and will only mention one, which I consider of paramount importance. This one is the discovery of those annihilators of pain, Ether and Chloroform. They have proved efficacious in some painful diseases, and are invaluable in the performance of surgical operations. The patient need no longer be heard groaning and screeching under the torture inflicted by the operating knife, but lies in a calm, placid sleep, until he awakes to find the cause of his pain and danger happily removed.

The Chemist, no longer engaged in the futile project of transmuting the baser metals into gold, has taken an important stand among sci-

entific men. I should be at a loss to mention any science that had made such rapid progress, or that had been attended with such beneficial results. In the year 1800 it was known to but few:—now, no man is considered well educated, who has not some knowledge of the science. Medical science has shared largely in the benefits derived from the aid of Chemistry.

The Natural Sciences can scarcely be said to have been cultivated in our country, until within the last fifty years. They seem, all of them, more or less connected with Medical Science, and their study is pursued with zeal and ardor by many of our most scientific physicians.

There is one branch of Natural History to which I should be glad to call the attention of our profession. It has been cultivated by some, and neglected by quite too many. I mean Botany. When we reflect on how large a portion of our food and medicine are derived from the great store house of the vegetable kingdom, and in how many ways it administers to our pleasure and happiness, we shall doubtless consider the science as one of no small consequence. The uncertainty of judging of medicinal articles by common names among the people, must have been noticed by every person of much experience. This is very easily avoided by those who have a scientific knowledge of the subject. Botany is now taught in many of our schools, and I hope the time is not distant when it will be considered a "sine qua non" in the education of every medical student.

The medical periodicals of the day have borne an important part in diffusing information among the physicians, and stimulating and exciting them to efforts for improvement in their profession.

A large share of credit should be awarded to our Medical Colleges, for the influence they have had in the advancement of medical science. In the earliest settlement of Ohio, there were but few places in our country where the advantages of medical lectures could be obtained, and but few young men, comparatively, were able to avail themselves of those advantages. Many were under the necessity of commencing practice with limited opportunities for education; but the establishment of Medical Colleges among us, has enabled them to surmount their former disadvantages, and obtain competent educations. So little pecuniary difficulty is now experienced in attending our medical lectures, that no young man should be patronized by the public, as a practitioner, until he has obtained a diploma; and no young man, however wealthy, need travel out of our own State, with the idea of obtaining a better education than he can obtain at home—

I mean for practical purposes. The advancement of medical science, in consequence of our medical institutions, has become apparent, throughout the State of Ohio. One advantage we possess over some others, is of understanding the climatic influences which surround us.

I have thus, in a cursory manner, spoken of the great improvements which have been made in our profession, within the last fifty years. But we have not yet arrived at perfection. Other improvements will doubtless follow; and if any of the junior members of our Society shall be disposed to say,

"We think our fathers fools, so wise we grow,"

let them with pleasure anticipate the time when

"Our wiser sons, no doubt, will think us so!"

Before speaking of our State Medical Society, I must refer you back to the year 1827, when our State Legislature passed a law authorizing a convention of delegates to meet in Columbus, to form a constitution for a State Medical Society. A delegate was to be elected from each Medical District in the State. Towards the latter part of that year, some fifteen or twenty horsemen might have been seen wending their weary way, through mud and mire, along the different roads that centered in the village of Columbus. Their personal appearance somewhat resembled that of a company of men crawling out of a canal, where they had been excavating in a rainy day. A constitution was formed, after a model of a Society then existing in the State of Massachusetts. The Society was to meet triennially, at Columbus, and to have a supervision over the District Societies. The law regulating the practice of Physic and Surgery was soon after repealed, and our former efforts for an organization proved abortive. In 1835, an advertisement appeared in a Columbus paper, signed by Dr. Awl, inviting the physicians of Ohio to meet in convention, at Columbus, in January, 1835. The principal objects of the Convention were to petition the Legislature for the establishment of a Hospital for the insane, for a school for the blind, and to petition Congress to establish marine hospitals along our western waters. I think the institution for Deaf and Dumb was then in existence. The Legislature then in session cordially co-operated with the Convention, in laying the foundation for our benevolent institutions. The Convention had among its members, men eminent for their talents, and all seemed actuated by an ardent zeal for the elevation of their profession, and although they met as strangers, they parted friends. The Convention

adjourned, to meet in three years. After several meetings, it was finally merged into the Ohio State Medical Society.

A few remarks on the objects of our Society, and I will bring the subject to a close. The Constitution of the Society says:

"The Society shall constantly have in view,

"1st. The association of the profession, for the purpose of recognition and fellowship."

Men of kindred spirits, and whose thoughts are engaged on the same important subjects, will feel an interest in each other, unknown to those engaged in dissimilar pursuits. The cordial greetings and friendly intercourse, which have been witnessed at our former meetings, manifest the interest taken in them—an interest which I hope will long continue.

"2d. The maintenance of union, harmony and good government among its members, thereby promoting the character, interest, honor and usefulness of the profession."

It is obvious that so large a body of men as that composing our Society, require some general rules to regulate their intercourse with each other, and with society at large. The emigrant who comes among us, to embark in our profession, will wish to know our regulations, and the student will wish to be regulated by them. These rules should be stripped of all unnecessary machinery, and made as simple as the nature of the case will admit.

"3d. The cultivation and advancement of medical science and literature, and the elevation of the standard of professional education."

In the State of Ohio, we everywhere see the proofs of prosperity, and a rapid progress of improvement in the arts and sciences. Let not our energies be wanting, in our endeavors to elevate medical science to an eminence equal to that obtained by any other state or country. Let the student be thoroughly prepared by his primary education, that he may more easily understand and appreciate medical literature.

In conclusion, gentlemen, accept my most cordial thanks for the honors you have conferred upon me, and accept my best wishes for the continuance and prosperity of our Society.

"B."

# REPORT OF COMMITTEE ON OBSTETRICS,

BY

J. G. F. HOLSTON, M. D., CHAIRMAN.

The remark has frequently been made, that the printed transactions of the Ohio State Medical Society, are meager and barren of interest, and I really fear this remark has sometimes been made by those, who themselves ought to bear no inconsiderable share of the blame for said meagerness. It is only by members feeling an interest, and *proving* their interest by actions instead of words, that the object of our association can be attained, and if individual members, I care not with what excuse, except it be mental or bodily inability, stand aloof, instead of putting their shoulders to the wheel, it is no wonder the car of science should progress but slowly—it is only to be wondered at, that we have any reports at all. These remarks are not thrown out ill-naturedly or at random, but are the result of experience, for Committee after Committee have complained of the same want of co-operation. We have sent out over 100 written and printed circulars, besides calling upon the profession through the medium of the Medical Journals, and the responses have been so few, that the subsequent report cannot, at all, be considered as a fair expose of Obstetric science and art in Ohio, as exemplified by the practice of its medical men, but simply as a collection of facts and opinions, improvements, etc., which in the opinion of your committee were worth preserving. Publishers of obstetrical works have evinced the same chary disposition; not a single new work on obstetrics, or new edition of an old one, has been forwarded to your committee, (upon their request,) for criticism and review. If, therefore, our report be meager, we must at least, claim as faithful servants, to have made the best use we could of the one talent entrusted to us.

Few, however, as the contributions by the profession are in number, your committee feels constrained to bear testimony to the great excellency of some, with which they have been favored, and would beg

leave particularly to refer to the lengthy, labored and able essay of Dr. McMeens of Sandusky, in *itself* a report, and the statistical *tables* of our young friend, Dr. Culbertson, of Zanesville, whose business like accuracy in observing and recording facts, might shame many of us seniors.

In addition to the circulars, written letters were addressed to some of the seniors of the profession, seeking information in regard to the history of Obstetrics in our state, but no responses obtained.*

The following is the circular as far as it relates to the subject of this report:

CIRCULAR.

*Dear Sir:* Will you be pleased at your earliest convenience to answer the following questions, or any of them, *at length* if your time permit, due credit will be given in the report, to any gentleman who may communicate valuable facts.

Q. 1st. Are you engaged in the practice of obstetrics and how long have you been?

Q. 2d. Have you kept a registry of births, or can you, to some extent, from memory, state the number of preternatural presentations that occurred in your practice? Their proportion to natural ones? The mode of treatment? Success as regards mother and child?

Q. 3d. Have you employed cephalic version? How often and with what success?

Q. 4th. Have you employed Ergot in difficult labor? With what result to mother and child? Is there in your opinion, a greater number of still-born children where it is employed?

Q. 5th. Have you seen cases of Puerperal fevers, Puerperal convulsions, Puerperal mania, Phlegmatia dolens, Trismus nascentium? What were their causes, prodromes, symptoms, and results?

Q. 6th. How many regular, irregular, and how many female practitioners are there in your district, and how is the practice distributed among them?

Q. 7th. Are you cognizant of any gross malpractice in cases involving Medicolegal investigations on midwifery?

Q. 8th. Remarkable cases involing peculiar modes of treatment.

Q. 9th. What are the fees in obstetric cases?

Q. 10th. Have you observed any marked results of the mental operations of the mother, on the physical organization of the child.

*Since writing the above, the committee have the pleasure of acknowledging two very valuable reports from Georgia, and the same number from Pennsylvania. Truly no political lines divide our noble profession. "No pent up Utica contains our powers, the whole unbounded continent is ours."

It was of course not expected to furnish a treatise on midwifery, but merely to ascertain the present state of the art and science. Your committee have therefore confined themselves mainly to those points involving matters of practice, not yet sufficiently agreed upon, and opinions more or less assented to by the profession. We shall commence with a brief survey of the history of midwifery in Ohio, up to the present state of the practice. Then, discuss some matters both of theory and practice, and lastly, say something about the literature of obstetrics, and medical education in reference to this branch—thus dividing the whole matter into three chapters.

## CHAPTER I.—HISTORY OF MIDWIFERY.

The practice of widwifery among the aborigines of our country, was exercised by some antiquated squaws, whose services, however, were but seldom required. The Indian female, generally retiring to the privacy of a bush. After parturition, washing herself and child in the nearest brook, and resuming her march with the encampment, carrying upon her back the papoos, in addition to the already too heavy burthen imposed by her lazy lord and husband. In difficult labors, the midwife, however, came armed with various incantations and charms, which, of course, nugatory in themselves, had the power of sustaining the courage of the sufferer, and thus enabled her to triumph over difficulties, under which, otherwise, she must have succumbed. Even in civilized society, the accoucher finds the stimulus of hope and confidence in his skill, two most powerful therapeutic agents in the lying-in-room. In addition, the Indian widwife resorted to vapour-baths, to relax the external parts, and endeavored also, by external manipulations, hippocrates like, to aid in the expulsion of the fœtus; applying the hand over the mouth, till incipient suffocation took place, was a favorite mode of treatment. Add to this the decoction of some stimulating herb, such as pennyroyal, made in a calabash, heated by throwing red hot pebbles into the water, and you have the whole stock in trade of the Indian midwife. These were generally successful, because deformed pelvis of the mother, and malposition of the fœtus, are apparently of much rarer occurrence among the Red, than among the Caucasian race. Under such unfortunate circumstances, the most brutal violence was, however, resorted to by the midwife and the husband, and their savage attempts to drag the fœtus from the uterus by main force, were generally followed, if not preceded by the death of the miserable sufferer.

The first white inhabitants of Ohio, in their habits and manners,

assimilated much to the aborigines. They were a hardy race. The pioneer mothers of Ohio, many of them bred in the luxury and refinement of comparatively wealthy eastern and southern homes, soon accommodated themselves to this radical change of life, and in their hardiness, fairly outvied their red sisters. Blessed, however, as they were in the possession of husbands, whose sympathies were strongly enlisted in the sufferings of her, not his *slave*, but his equal companion, the joy of his heart, the very life and light of the lonely cabin in the wilderness, she enjoyed comforts vastly superior, and even unattainable by the squaw. For weeks and even months, preparation began to be made for the auspicious event. As the backwoodsman with pride, looked upon his teeming bride, his exertions were redoubled, to procure for her those things, which, at other times, stranger luxuries to his humble mansion, at the lying-in, were considered indispensable necessaries. Coffee, tea, wheat-flour, sugar, some store-bought cottons and flannels, were procured at, to us, fabulous prices. Black Betty was replenished with the choicest old rye, and last, though not least, a sufficient supply of tobacco was also procured. The nearest settlers, to the number, perhaps, of a dozen, were made fellow-keepers of the family secret, and their wives slept with one eye open, and their shoes (if they had any,) under the bed, so as to be ready at the first summons, to haste to the assistance of their suffering sister.

At last the long expected moment arrived. The alarm was sounded on the long tin horn or the conch shell, and a well mounted messenger or messengers dispatched for the more distant neighbors, who soon commenced to arrive,—men, women and children—some on foot, some on horseback, but all hastening to the *frolic*, as these sacrifices to Lucina were improperly called. It must not be supposed, from this description, that there was any sacrifice of modesty in this rude, good natured kind of fellowship,—the men seldom coming nearer than in sight of the chamber of mystery, lest they should catch sound or sight improper for the uninitiated. Children of both sexes, however, formed no small part of the assembly, and by their restlessness and squalling contributed much to the enlivening of the scene and the variety of the entertainment. A portion of the forces were appointed to the cooking department, and retired to the other room, if the cabin were a double one, or out of doors, where a temporary shed served as kitchen for the occasion; while another and the larger portion devoted themselves to the express services of the parturient lady. The exclusion of males, however, was not rigorous. Father,

father-in-law, brothers, and some old gray-beards, occupied the second room, or lingered around the cooking shed, to be on hand for an emergency. The presence of the husband was also frequently insisted on, especially in times of difficulty, as a peculiar virtue was supposed to be attached to the placing of the parturient upon his knees, in preference to those of any other person.

During the earliest period of the white settlements in Ohio, midwives *by profession* were unknown among the whites; and from prejudice, fear and hatred of race, the Indian midwife was undoubtedly seldom or never called; but every mother of three or four children was supposed to possess a valuable stock of experience, and there were in every settlement several knowing old ladies, who in some former period of their lives had picked up some crumbs of obstetric lore, by hearing a doctor say, or seeing a midwife do, or, last though not least, reading Aristotle, the only work on midwifery supposed to exist, and by the fortunate possessor kept securely under lock and key from the prying eyes of rude masculines and curious youngsters, and bequeathed as an invaluable heir-loom to a favorite daughter or female neighbor—the midwife of the succeeding generation.

The assistance rendered the parturient may be classed under the heads of preparing the room, personal support to the sufferer, and after attention. The room was prepared by carefully closing windows and doors, and building a huge log fire, as fresh air and cold water were considered poisons of terrible potency to the parturient. The woman herself remained dressed in her ordinary garments, as a great part of the process was to be conducted out of bed and on foot.

The personal attentions to herself, during the early part of the labor, consisted in encouraging her to walk about as much as possible, supporting her back when labor pain commanded a halt, lighting the pipe, and urging her to draughts of hot tea, and may be a little whiskey. After locomotion became impossible, and she resorted to her couch, or more frequently some person's knee, half a dozen busy friends surround her at once, some supporting her back, others her knees, and others her hands, while all vociferated, "Now, hold your breath! bear down as much as you can! Now hush, or the men will hear you!" etc., etc., till the lusty cry of the newly arrived stranger directed their attention into another channel. Some one of the knowing ones, or perhaps two or three by turns, had been watching the course of events, and now superintended the separation of the cord, and the removal of the infant, which was done with no little ceremony, and was supposed to evince a very considerable degree of skill.

The oldest of the ladies present now put on her spectacles, and proceeded to the task of washing and dressing the infant, while another good friend, with more haste than judgment, tied a handkerchief, rolled up into a cord, tightly about the middle of the abdomen, to prevent the rising of the mother—concerning which mother many fearful misgivings haunted their minds. The happy mother had some old garment tucked into her, and this was the only attempt at cleanliness till the third day, which, as well as three times three, viz. nine days, were considered as critical days. The whole matter wound up with a bountiful feast, at which all were welcome, and at which Black Betty played a conspicuous part. Till the ninth day, the woman was allowed no cold drink, or to put her hands into cold water, but was vigorously plied with whiskey stews, etc., to keep her from being cold. Strange as it may seem, under this irrational treatment, death or imperfect recoveries were almost unknown, during this first or primary period in the history of midwifery in Ohio—which, however, as settlements rapidly increased by imperceptible degrees, slid into the second period, or the reign of Grannydom.

It could not be otherwise but that some one of those knowing ladies mentioned above, a senior in years above her compeers, surpassing them also in zeal, intellect and acquired knowledge, or *merely* in recklessness and decision of character, would take the lead—acquire a wide-spread fame, as being *good at such times*, and therefore be sought after, and long beforehand engaged by those of her fair neighbors who expected to need her services.

The midwife—for she really now became entitled to the distinction —would soon find those calls a heavy tax upon her time and strength, and would therefore first receive as a present, and afterwards claim, a stated salary for her services,—and thus was the profession initiated.

Midwives also came among the newly arrived emigrants, some claiming to be educated ones from England, Ireland, Scotland and Germany, and possessing the potent charm of a license in those countries—a document considered no way inferior to the diploma of an M. D. The knowing women were rapidly thrown into the shade, and the whole management of a case of labor devolved upon the granny, who as commander in chief would issue her orders to the various departments, while busily engaged herself in—as they styled it—*helping the woman.*

The compensation of the midwife was small, as we value money; at first, amounting only to one dollar, and I believe never, even in our cities, exceeding three dollars; and for this small modicum the gran-

ny often, at least in the country, performed in addition the part of nurse during the first week or till the ninth day. And yet, such was the value of cash, in the earlier stages of Ohio's history, that many families in the country can trace their affluent circumstances to the cash earnings of their mother or granny.

We fancy some of our junior colleagues are, on the tablet of their minds, drawing a picture of that extinct genus, now only found fossil, "the genuine Ohio Granny," and unconsciously reverting to some Miss Nancy Emilia Strongmind, or Lucretia Ann Tightbreeches, in Bloomer, hat and cravat, au fait, who can boast of the caudal appendage of M. D. stuck to her name, by colleges holding charters for the manufacture of feminine doctors, granted by sap-headed legislators, and who can talk fluently about walking the wards of the Paris materniti, or the Dublin lying in hospital, etc., and if necessary give a lecture to a promiscuous audience of men, women and children, on Love, Courtship, Matrimony and the Theory of Conception, without a blush on her pretty face. If these be your cogitations, my young friend, you are much mistaken. The Ohio granny was as much as possible the reverse of all this. She *despised book larnin'*, and had a holy horror of that most respectable class of the community to which you yourselves belong. "The young doctors—pshaw! what can such (snot nosed) boys know?" It is true, sometimes our granny would get into a tight pinch, and some of those despised know-nothing boys would, to the great relief of the good old lady's own conscience, step in at the eleventh hour, and rescue a victim from the grave to which her want of skill would inevitably have consigned her; and our granny, though ignorant and often ill-bred, was too honest not to rejoice at his success. *That* young doctor thenceforth was an exception to the general rule, when she had occasion to speak of the class; and if he bore his plumes with becoming modesty, was sure to be taken under granny's protecting wing, and get many a fat case through her recommendation, though not ordinary cases of midwifery if *she* could help it.

Our granny, too, though lacking refinement, generally possessed a good degree of genuine modesty and true feminine delicacy. She might open the deep store-cellar of her mysterious lore to a little bevy of admiring females, but in low breath, for fear the men folks should hear, who have no business to know anything about such matters. Procul, procul profani was her motto, though not her words.

Our Ohio Granny was something of a doctor, too, as well as Miss Nancy; but then, she never had her brains addled with Homœopathy

and Hydropathy, and the other pathies and isms that find so much favor among her modern sisters. Her medication was principally restricted to babies and young girls, that had taken cold,—these were liberally dosed with "yarb teas," that, in her expressive phrase, could do no harm, if they did no good. As, however, the notions extensively prevailed, that medicine is dirt, and that everything dirty has medicinal virtues, our granny, for external application, made use of the ordure of cows and hogs, or even human excrement, by the euphohious name of Underfoot salve. Sheep saffron, as sheep manure was called, and that perhaps some of us recollect with horror, was used in the form of hot infusion, as a sovereign remedy for making the measles come out. One old lady of your committee's acquaintance, long since gone to the spirit land, used to prepare a tincture of human placenta,* and administer it to chlorotic girls and those laboring under catamenial suppressions—as she said—with wonderful success. It done a power of good.

During the latter portion of her existence, the granny had learned to employ salts and castor oil, which she religiously believed the doctors made out of dead people's fat, as they made the calomel out of their bones,—which latter powerful medicament, together with laudanum and paregoric, were also sometimes found in the practice of the granny, even after glory had departed, and she was becoming seriously tainted with Thompsonianism.

The personal appearance of our Ohio granny differed *toto cœlo* from Miss Nancy. A matron of ripe years, the mother of a large family of her own, she was commonly one of the stoutest and roughest women in the neighborhood, and presented two radically different types—the fat granny and the lean granny,—the first usually of German, the latter of Irish lineage. The present writer now has one of each life in his mind's eye. The fat granny (the one that made the placenta tincture,) a lady upwards of two hundred pounds weight, would, nevertheless, mount her charger (when in great haste she rode astride) with all the activity of a girl of sixteen, and during the whole time of her presence with the sick woman, tongue and hands were kept going. We have often wondered how she was able to make a

* Strange as those vagaries of the human mind in our ignorant midwives seem, their filthy prescriptions are surpassed by the abominations of modern homœpathy, viz: Lachesis, Crotalin, Hydrophobin, Variolin, Laucorrhin, Gonnorrhen, Cholerin, Dacrosyringen, etc. The venom of adders, rattlesnakes and mad dogs; the virus of small pox and gonorrhœa; the discharge of Leucorrhœa, Fistula lachramalis and Cholera stools, reduced to infinitessimals, and given in sugar pills.

vaginal examination in a primapara of small size, as her index finger was certainly half as thick as the writer's wrist. But be it as it may, she was eminently successful; and having ushered nine hundred children into the world without (it is said) losing a single mother, and requiring the assistance of the doctor but once or twice, she died in peace, full of years and honors, lamented by her family, and regretted by a large circle of her former patients.

The second, of the lean, or Scottish or Irish type, raw-boned to a fault, with a hungry look, active in body and mind, but totally illiterate, commonly pursued her avocation on foot, unless a horse were brought for her accommodation. The wife of a wealthy farmer, but avaricious to a fault, she would rather save his horses than her legs. She kept the notch-stick for half the community around her, and if she was not called to every case, it certainly was not owing to want of exertion on her part. One of your committee, being in attendance on a lady with her first child, whose pains and outcries were vehement, stepped out of the room for a short season; as the water not having broken, his presence was not yet needed. What was his astonishment, on his return to the apartment, to see the lady seated on the edge of the bed, her feet supported on two chairs, and the granny seated on a stool betwixt her legs, working away with both hands, like a dog digging for a ground hog, while ever and anon, as pain came on, "There's a dear! Bear down with all your might—the next pain will bring it! We will have all over before the doctor comes," etc. So eager was she that the doctor's presence was not perceived till he tapped her on the shoulder and ordered her to withdraw, which she did with a rueful countenance, telling the patient "you will be sorry for that,"—directing, however, as she left, some of the women to give her a little flour and water, to settle the mother. The patient was safely delivered the next day. This one was not as popular as the first mentioned; but, singular as it may seem, she never, to the committee's knowledge, killed a woman entrusted to her skeleton hands.

Though both classes were equally ignorant, the lean granny was the most meddlesome and mischievous; and if the mother escaped, thanks to the vigor of her constitution. The infant often succumbed to her want of skill and ferocious exercise of brute strength. We have reason to suppose, and the supposition is confirmed by our venerable senior, Dr. Allen, that our midwives had a knowledge of the ecbolic powers of Ergot, and employed that powerful drug to increase the pains and speed the delivery, always without reference to any just therapeutic ground for its administration. Let an example suffice.

The writer was called to a lady in labor, where a granny of the bony kind had been in attendance all night. He found the patient on a feather bed, on the floor, near a huge log fire, her abdomen and thighs bare, and the granny kneeling betwixt them. (By the bye, this seems to have been a favorite position with many.) A stream of blood extended from the bed across the floor of the apartment, that was filled with sobbing and sighing men and women. On the arrival of the physician, the granny arose, and having somewhat more decently covered her unfortunate patient, stated that the labor had progressed well till the water broke; that then the feet had come down, and the fœtus had advanced as far as the shoulders, when she had pulled down the arms, but could not get the head, although she pulled at it till her strength had given out; which was her reason of sending for the doctor, who she supposed was younger and stronger than she. Another thing that had troubled her much, was, that a large loop of the navel-string had followed the arms, and "Oh doctor, how it did wriggle and thump, like a snake! I tried my best to hold it still, but could not, for a good while! But finally it quit, and I tell you, doctor, I was mighty glad of it." Having quietly informed her that by her brutal ignorance she had murdered the child, the writer proceeded to deliver the fœtus. The cord prolapsed and the chin was hitched over the pelvis. Shoving the head to one side, it immediately passed out of the vulva. The vertebras of the neck were dislocated at least an inch asunder, and had not the granny's strength failed, she would have pulled the body away, leaving the head behind.

Here we will mention a gross case of malpractice of a so-called *Dutch doctor*, of a similar character. The writer was consulted by a German woman aged thirty, and seven months pregnant of her second child, concerning the propriety of premature delivery, as she had been assured that she could never bear a living child, on account of deformed pelvis, which was alleged as the cause of her first child's death. Upon examination a medium or rather small pelvis was found, but no deformity. She was accordingly advised not to have any interference till the full term; and, upon enquiry, was told that the charge would be ten dollars, as they lived in the country. A few days afterwards she was seen by the Dutch doctor, who told her he could do it as well as anybody, and would only charge five dollars. He was accordingly employed. The case proved a breech presentation. The doctor, being drunk, endeavored to drag away the child by main force, and, failing, called on the husband and two other men for assistance, whose united strength, aided by King Alcohol, succeed-

ed in dragging away the body, leaving the head. The doctor then left. Hearing, next day, of the wretched case, and that the woman was still alive and strong, the writer, contrary to his usual practice, from sheer pity, sent word that the woman might perhaps be still delivered and saved; but, in his indignation, dropped the incautious remark, that it was a pity, but it would cost the penurious husband one hundred dollars,—which remark being also duly reported, the husband quietly observed, "By sure, I can't afford to pay one hundred dollars for my wife!" She lingered some thirty hours longer, and died undelivered. The doctor fled, and the husband, in a few months, married a partner sufficiently broad across the hips.

It was the misfortune of our grannies, that they did not improve —the longer any one practised, the worse she became. This was natural, for, having no scientific basis to cast their experience upon, they ascribed the success *due to the powers of nature*, to their own skill, and the virtue of the various charm-like remedies, descended to them by ancient tradition, and placing this improper estimate upon their own efficiency, some of the older midwives, strenuously opposed the sending for a physician, till, as in the case related above, they were fairly worn out by physical exertion; having become so perfectly complacent in their own merits, as never to dream of any possible superiority over themselves, except in physical strength. All our midwives, notwithstanding their rugged appearance, and frequent exhibition of power, were to use their own phrase, *powerfully weak.*

It might be supposed that the midwives of foreign growth, *graced* too, with a *license*, would form honorable exceptions, having, as was *supposed*, received a thorough education in the old country, at least, as far as midwifery is concerned.

In our larger cities, some of this class are yet to be found, and those members of society, whose lot it is to come in their way, will bear the committee out in saying, that they are even worse. That from the very *commencement* of their career, they are characterized by all that presumption and reckless daring, which some—not even the majority of the entirely uneducated midwives, acquired in the hardening of a quarter of a century.

In England, the midwife is licensed by the Bishop, to whom she is recommended as a fit person. He examines her chiefly on the creed, the articles of the church, and the catechism; also whether she would be able to administer the baptism of necessity to a new-born infant in immediate danger of death. And having thus satisfied himself of her theological soundness, he administers an oath to do her duty to

her patient, and remain in the true faith, and thus she receives a license to practice in the diocese, and becomes a licensed midwife, who by law, enjoys some privileges over the unlicensed one.

In Germany there are schools for the education of midwives. The candidates, generally young widows without means, are admitted to these schools upon the recommendation of the community, setting forth that she is a person of good moral character, apt to learn, of agreeable disposition, and without blemish in her reputation, also that an additional midwife is *needed*. (The number of midwives, as well as physicians, in most of the German States, is limited by law.) She now enters the school, where during the space of three to five months, she receives instruction in the Diagnosis and treatment of *natural* labor. She is then examined, sworn to do her duty, and to call a physician in all cases of difficulty and danger. She now receives a license, and is sent back to her own village, as a licensed midwife, and as such, announced from the pulpit of the parish church.*

This system is still worse than that of England, on account of its improper connection with physicians. The midwife, though illiterate, and professing no other education than that afforded by her village school, profits in reality, but little by the instruction of the learned professors, and, though she may know the catechism of midwifery by heart, does not understand how to practice its precepts. Besides she is to judge of difficult preternatural cases, when she has not received instruction in those matters; while at the same time, having been "cheek by jowl" with world-renowned professors and other men of science, she looks upon herself as but one step lower in scientific dignity. On account of the comparative cheapness of the services, and their *supposed* capacity, they engross in Germany the bulk of midwifery practice. The great majority of them, never read any more after leaving the midwifery school, and never make the slightest advancement and improvement. Their extensive practice, however, prevents the *fully* educated medical *man*, from acquiring that *manual* dexterity, which *only* practice *can* give, so that, when the licensed midwife finally, at the eleventh, or half-past eleventh hour, declares the case dangerous, or perternatural, the *learned* but totally *inexperienced* physician is but ill qualified to administer relief, depending as much on his hands as his brains. This is *one* of the causes of the many terrible cases of malpractice occurring in our own country, among the class of medical men, called Dutch Doctors.

*Within the last year, a midwife, newly arrived, caused herself to be thus announced from several pulpits in the city of Zanesville.

We must, however, for the honor of the profession, here observe, that it is *but* one cause.

In Germany, no one is authorized to practice medicine, without a Diploma from the University, and in addition to that, the undergoing of a vigorous state examination. But beside physicians, the village pastor, the lady of the nobleman (as lady bountiful,) the midwife, the blacksmith, the hangman, and more particularly the barber, with the same prestige as the former barber—chirurgeon of England—all practice *without* leave, or license, and are except in some enormous malfeasance winked at. All those persons in *our country* assume the name Doctor, and as titles can be bought in many places, they find no difficulty in showing the parchment. Some years ago Professor Nagelli sent a warning letter, which was published in some of our journals, cautioning against those false diplomas.

Having given a personal history of the various species comprising the genus granny, a few words will suffice in regard to their practice. Our midwives used no instruments. With hardly an exception, they never turned, or attempted in any way, to change the position of the fœtus, and excepting the three great divisions of head, branch, or limb presentations, were unable to tell its position. They supposed that the bones of the pelves, had to open to let the child pass, and that the greatest difficulty consisted in the slowness of the bones to open, and the rigidity of the vulva, The *help* she gave the woman, therefore, in accordance with this theory, consisted in softening the parts by the application of a vapour-bath, and thus to subject, as well the Os as the Vulva, to the most violent and continuous stretching, for which purpose, the hand was often introduced into the Vagina.—As soon as any part, be it head or tail, could be seized, it was dragged forth with the tender delicacy of a dray horse. Hot teas and whiskey were liberally given, the woman was, from the *beginning* encouraged to bear down, she was kept in the erect or semi-erect position, standing, sitting on the edge of a bed, or on the knees of an assistant. The Irish sometimes on their own knees, the Germans on a chair. All possible means were employed to increase the strength of the labor, and, only when the patient became *thoroughly* exhausted, was she allowed to recline on a bed, often placed on the floor, near the fire. The sick woman's hands were held, and her back supported by some of her neighbors.

The child being born, a twisted handkerchief *secundum morem majorum*, was at once over all the dirty clothes, tied around the abdomen to prevent the rising of the mother, that otherwise might get

into the woman's throat and choke her, and the midwife applied herself to the separation of the child. The cord was tied with two ligaments. The placental end tied fast to the woman's thigh, for fear of being drawn up into the womb, and lost. The puerpera was now encouraged to blow into her hands, to slap them violently together, and perform various other gymnastics, that had the effect of starting a pain, and expelling the placenta, leaving the midwife at liberty to dress the new cosmopolitan in becoming habiliments for respectable society. Having been washed and dried, granny took a bumping mouthful of whiskey, and spurted it over the babies head, to keep it from taking cold in the head, for which reason, the cap was also immediately applied, often thickly quilted and wadded—the fruitful source of sore eyes and ears, affections that are now, since the cap is dispensed with, much rarer than formerly. The dressing completed, the baby got some salt and water, to cut the phlegm, and a bowl of panadatic whiskey, water, sugar, bread and butter were prepared for the puerpera, to keep her from catching cold. Till the third day none of her garments were allowed to be changed, and until the ninth, she was strictly enjoined against drinking cold water, or placing her hand in that refreshing fluid. The babe was seldom applied to the breast, till they contained a large secretion of milk, and, till then, was nourished on catnip tea, with sugar and some bread crumbs, or, may-be, boiled milk thickened with flour. The result was, baby got colic and screamed in discordant notes. Poor thing, (said granny) how hungry it is—baby *shall* have some more dinner—and the already overloaded stomach was forced to have another meal too large by itself, crowded into its little cavity, till baby went off into semi-apoplectic sleep, from which, to awaken with renewed screams. Epilepsy, infantile convulsions, icterus and many of the other ills that baby humanity is liable too, might be traced to this fruitful source, and have diminished in the exact ratio as more rational treatment of infants began to prevail.

But, *sic transit gloria mundi*, and the glory of grannydom] was passed more than twenty years ago. A quarter of a century ago, Thompsonianism in its most rampant vigor, occupied the position now held by Homœopathy, and which, 20 years hence will be occupied by some other pathy or ism. Our granny alas! lost her character as an independent individuality, and thenceforth became linked to quackery in medicine. The Thompsonians, like many other irregular practitioners since ; found that the regular profession, on account of their skill and knowledge, possessed the intuitive con-

fidence of the parturient female, in cases where the midwife failed for very obvious reasons. How could she trust herself to the man whom, three or four short months ago, she had known as a blacksmith a tailor, or a coal-digger, when her old experienced midwife, who attended her mother when she was born, and hundreds since, and herself two or three times before, and always had good luck formerly—was now completely at fault. *No*, her mind reverted to the grey headed Doctor, who had helped many a woman in similar distress, or if he had departed to that bourne whence no traveler returns, she trusted that like Elijah's, *his mantle*, had descended on the young Doctor, his son, or that young man, that for years had been so diligently reading in the old Doctor's office, made up all his medicines and towards the last, seen all his cases, and had been away to the East among the Head-Doctors &c., &c. And thus the quack-doctor would be foiled in his attempts to get a hold upon the community, for in all times and places, the female has exercised the right of selecting the family physician. A ruse had to be employed. Even at that early day, pseduo-reformers began to cry out about men attending sick, or parturient women, and insisted on the necessity of female physicians. Our midwives were not slow in listening to the voice of the tempter, seeing that the male Doctors could be manufactured right off-hand, without college learning, or knowing anything about "Natomies, or digging up dead people, and cutting them up, they very naturally concluded, that, they being as those very doctors said, intended by nature to attend on the infirm of their own sex, half the time would suffice for them, and behold thenceforth grannydom and medical quackery, were in close alliance as they are to this day. The quacks gained their ends, for having the suspicions of their modesty aroused, but little more was required with many weak sisters, to throw them into the open arms of quackery—for surely, if she must employ one of those dreadful men, it would surely be better to have one that was so very modest and had so high an opinion of the capacities of her sex—a man, in fact, almost half an old woman himself.

"It is a long lane, however, that has no turning," and as good old Bunyan has it, "Here the devil overshot his mark." The horrible blunders of the half granny doctors, (for be it known that even that great Lucifer of quackery, Thompson, got his obstetric lore, from a skillful woman,) had gradually the effect, after a short triumph, of driving those medical Centaurs and Tapiths* off the stage of my ac-

* As ancient fable represented those natures physically half horse, half man; so morally the hybrids here mentioned, were half donkey, half devil, half knave, and half fool.

tion, and usher in the fourth stage of our history. That of almost exclusively male midwifery, of which the regular profession always have held, and now hold the larger share. The attempt lately made of *again* introducing a set of female doctors, must, from the very constitution of the sexes, just as signally fail. For, while man is man, and woman is woman, woman's affections will repose confidence in man's intellect, and her weakness, confidentially rest on his strength, and whatever theoretical notions she may embrace, in her heyday of strength and prosperity, her day of affliction and adversity calls up the instincts of her nature.

Every one that professes to practice medicine in Ohio, also professes to practice obstetrics. Although I do not believe our homœpaths stick to *similia similibus curantur*, nor do the cancer doctors apply their burning plaster to remove the unsightly abdominal tumor. The only kind of quack-doctors, that, even in Obstetrical practice are perfectly consistent, are that almost extinct race. The Thompsonian's proceed with No. 1, 2, 3, 4, 5, 6, steam, and begin again just as they would in any other case. The writer himself, some years ago, heard of a poor woman, under the emetic action of Lobelia, say to her Dr: Oh Dr. I *can't puke it up no how!* The statute lately passed, requiring a registration with brief remarks of all cases of midwifery treated, it is confidently believed, *will*, by exhibiting in contrast the results of scientific and empiric practice in this branch, do away with much of the quackery now existing, and your committee, therefore, urgently advise a compliance with the requirements of the law, which, however, to judge the profession by our correspondence, has, hitherto, to a great extent, remained a dead letter: The fees for obstetrical services, on an average, seem to be five dollars for ordinary cases. In our larger cities the charges are sometimes higher, in the country often less.

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## CHAPTER II.—THEORY AND PRACTICE.

### §1. *Frequency of midwifery and natural labor.*

In treating on these subjects, the committee shall confine itself chiefly to those matters, indicated in the circular, and first consider the subject of maternal *mental* influence during pregnancy, upon the fœtus in utero. Our correspondence is peculiarly meager on this subject. Indeed so difficult is it to distinguish the *propter hoc* and *post*

*hoc* in those cases, as to cast a doubt over the whole affair. Sometimes mothers imagine that by some violent emotion of their mind, they have impressed a mark upon their unborn offspring. After suffering the most dreadful suspense for months, the expected stranger arrives, and to the anxious enquiry of the troubled mother, is reported "All right." At other times, unexpectedly some dreadful deformity or disfigurement presents itself, for which, the mother either cannot account at all, or does so, only after severely taxing her recollection in regard to all the little incidents occuring during her pregnancy. Hence it is, that many physicians deny this kind of influence in toto. On the other hand, we believe all women are fully persuaded of its truth, and many are the various marks supposed to represent fruits, fire, &c., as well as some cases of deficient organization, in which the mothers most emphatically declare them to have been the results of marking during pregnancy, and that they were conscious of it at the time. Two examples, but very striking ones, may suffice. A child, five or six years old, was brought to the writer by its father, to be operated for club-foot, existing in one extremity. The father, who resided at the distance of some twenty miles, had carried his child behind him, on horseback, and thus returned the day after the section of the tendons had been made. Half way on his route to the physicians, he had stopped at a tavern for dinner, where the kind hearted landlady (two or three months pregnant,) took great interest in the child, and exacted a promise from the father, to stop on his return. He *did* stop, but having met on the way, with his enemy, king Alcohol, who *slewed* him, he entered the village, whooping and yelling, and having called the landlady to the door, flung the child to her in the most rude and barbarous manner possible. By energetic exertion, she saved it from being injured by the fall, but observing some blood upon the bandage, felt an instant pain in the abdomen, and *as instantaneously* concluded that she had marked her chlid. She was delivered at the full period, of a babe with *double*-club-foot, which the writer also operated on some twelve months after.

The second is still more singular. A young married lady two or three months pregnant with her first child, then residing in a considerable village in eastern Ohio, had her attention directed by a female friend to the singular deformity of the hand of a certain medical man, then in company, resembling from the coalescence of the fingers, a foot more than a hand. She was alarmed at the time, and feared she had marked her child.

At the full period, she was by that doctor, delivered of her first child, whose right hand presented the exact counterpart of his own.—The writer, lately performed a successful plastic operation in the case, knows the lady from a child, and is satisfied that she is entirely above suspicion.

We conclude, upon the whole, that although no nervous connection has as yet been traced between mother and child, we have evidence of *nervous influence* being transmitted to the child in utero, so as to produce violent motions of its tiny limbs, that influence, too, being often entirely of a mental character; and that, therefore, the possibility of marking exists, but the laws thereof are as yet unknown, and the phenomenon itself is much rarer than is supposed.

The management of *natural* labor,—and under this head we comprise all cases that do not require any other special designation than *just* cases of labor,—is, with the educated Ohio practitioner, almost exclusively trusted to nature; no interference, except an occasional examination, to note progress and assure the female that she is not neglected, is permitted till toward the last, when the attendant supports the perineum and prepares to receive the young cosmopolite.

The practitioner would not consider his patient safe till after the delivery of the placenta, and if not spontaneously expelled within a reasonable period, resorts to well-known simple means for removing it. The medical man's task, strictly speaking, is now done; but, from the importance attached in the female mind to the bandaging of the woman's abdomen, and dressing the umbilicus of the infant, he is expected to give some attention to those two items. Formerly, many practitioners were in the habit of themselves applying the bandage, and that over all the clothes the patient might happen to have on, and which, more particularly in the country, was often her entire usual wearing apparel, including quilted petticoats, etc., so that the bandage, far from being of any service, would only have served more closely to confine wet and filthy garments to her person, had not the very act defeated itself, for bandage and clothes slipped up together, and the woman virtually had no bandage at all.

Women, however, have now acquired the habit, and physicians when called in time enforce it, to dress themselves especially for the object in view; dismissing their usual garb, a night-gown and chemise constitute their clothing, the latter being rolled up so as to be out of harm's way, and her person protected by an old petticoat or a folded sheet, which, being removed after the conclusion of the labor, leaves her comparatively clean, and makes it possible to apply the

bandage as it should be,—its lower edge coinciding with the pubis, the upper with the sternum, *so firmly and no more* as to give a pleasant support, and that upon the bare skin, thus preventing its slipping up and becoming useless or worse,—from motives of delicacy, the medical attendant merely directing, not performing, the operation.

We cannot here too strongly insist upon the most scrupulous cleanliness. Every soiled or wetted garment or bedding should be removed; even her person should be as much as possible cleansed, and the puerpera, being thus redressed for the occasion, should exhibit no more evidence of her state than a cleanly lady would during menstruation. We believe that this scrupulous cleanliness is a most powerful safeguard against puerperal fever, and many other diseases of the puerperal state. We would not, however, go with those who, in foolish—shall we say quackish?—aping of hydropathy, have immediately after confinement ordered cold hip baths, (called Sitz-baths in a barbarous, semi-German, fashionable phrase) for their patients. True, many survive, as they will almost any kind of treatment; but even female instinct shrinks with horror from it, and we suppose we have seen some ill consequences, even death, traceable to its employment.

Neither would we insist upon this immediate and thorough cleansing in cases of great exhaustion, but would content ourselves to make the woman dry and comfortable, by placing dry, warm clothes next her person; but we would, in *all cases*, have all impurities removed before decomposition makes their presence evident to the nostrils.

In regard to the after treatment, there seems to be too much of a disposition to treat the puerpera as a sick or diseased person, and prescribe more or less rigorous dieting as well as some medicine. Now, to us the simple truth appears to be:—it is just as natural and healthy a process for women to bear children, as to eat and drink and digest food, and they are equally well adapted for it, so that the parturient woman, having accomplished a natural labor, is not to be considered sick or diseased, nor even as a person convalescent from disease, as Moreau has it, but simply as a person having undergone an extraordinary amount of labor of body and mind, perfectly conformable, however, to vigorous health. Rest, quiet, abstinence from stimulants, and moderate nutrition, then, is all that is required. As she takes but little active exercise, her food should be somewhat reduced in quantity, and selected from the more readily digestible kinds, without, however, making any violent inroads on her accustomed diet, or the times of taking it. Nature's own beverage, water, is of course allowed. Neither do we hold to any rule, merely deduced from the

number of days after confinement, as to the sitting up of the patient; we are in the habit of directing her to regulate that matter by her feelings, without regard to days, cautioning them, however, not to go ahead of their feelings, but keep their bed while they are most comfortable there. By this simple rule we have often succeeded in having ladies cheer their household with the light of their countenances, in kitchen or drawing room, at so early a period as to raise the good monthly nurse's hair erect on her pate, with holy horror at such imprudence,—nor can we point to a single disastrous result. What is true of the mother is still more emphatically true of the babe. The coleistrum in the mother's breast is just as sufficient to clear out the meconium of the young Lord of Creation as that of his most humble subjects. With these few remarks we dismiss pregnancy and natural labor, and proceed to the consideration of

§2. *Tedious and Difficult Labors, more particularly in reference to Ergot as a Remedial Agent.*

Ergot has by various writers been as extravagantly lauded as condemned by others, and even yet the profession is very far from being unanimous in regard to it. It has been employed in lingering labor, from atony of the uterus, to excite pain; in cases of *slight* disproportion between the parts of the mother and fœtus, as a driving power; as an abortive and as a hemostatic in uterine hemorrhage; besides, it has, upon analogies more or less remote, been employed in various diseases as a remedial agent, with which here, however, we have nothing to do. The forms in which it is employed are, in substance, as a powder in watery infusion of the bruised grain, in tincture, vinous etherial or spirituous, in fluid extract, in oil of Ergot, and Ergotine. The same power is claimed for each of those forms, viz: the capability of exciting the uterine fibre to contract. We do not hazard anything in saying that the mass of the profession *admit* that power, while a respectable minority *in toto* deny it. This discrepancy of opinion, however, in itself, is a sufficient proof that the drug is by no means certain or uniform in its action, for nobody doubts the soporific effect of opium, the anti-periodic one of quinia, or the laxative quality of castor-oil. The virtues of the drug seem to be possessed only by the fully matured article, and are rapidly lost by keeping; so that last year's Ergot may next harvest be considered inert. It is just so with all the preparations made from it; for, though containing the *Ergotine and oil* upon which its action is supposed to depend, the power is wanting. The tinctures, wines and

fluid extracts, however, preserve their virtues to an indefinite length of time. Of those, the fluid extract—Tilden's is particularized—is by far the best form:—it is highly concentrated, pleasant to the taste, and will keep in an active state for years, if well preserved from the air. While the mass of the profession admit its power of producing contractions of the uterine fibres *after* labor has begun, it is held by but few that it is capable of originating them. Females who seek to procure abortion very generally resort to Ergot, but without success, though sometimes they pay dear for the attempt, by the supervention of Ergotism, as the peculiar state of poisoning produced by Ergot is called, of which an example may be found in Appendix N, where also the most favorable reports of its employment may be found.

All who admit its powers consider it perfectly safe to the mother, in cases properly chosen. Not so, however, to the offspring—the majority believing that its employment increases the number of still-born infants by a fearful rate—from fifty to one hundred per cent, even—which is by no means to be wondered at, as the contractions produced by the drug are of a continuous character, never for a moment allowing the fœtal head to recover from that compression which it must necessarily suffer in passing through the maternal pelvis. We cannot better close this paragraph than by some extracts from reports of Dr. Gaston, of Morristown, whom thirty-one years of practice—*he never lost a mother*—renders somewhat of authority on that subject. He says: I have frequently employed Ergot in difficult labors, and I am not aware that I have seen any deleterious effects to the mother from its use; but it is far otherwise in regard to the child. Whether Ergot kills the child or not, I do not know; but I *do* know that in the majority of cases in which I have used it, or seen it used by others, the child was still-born. So fully has my experience with it convinced me of its deleterious effects on the child, that nothing but stern necessity can induce me to use it. The experience of Dr. Schertzer, of Massilon, deducts similar results from a practice of thirty-one years. O. D. Palmer, M. D., of Zelianopel, Penn., says: Ergot has produced a powerful effect in every case in which I have given it, except one, that was supposed to be rupture of the uterus. It has been perfectly successful in every case of placenta previa where it was administered, causing one continued, persistent contraction of the uterus, thereby preventing flooding till all was delivered. In every case where I gave it a half hour *only* before delivery, the children were dead, and in *every other* case asphyxiated. In one case, where there was obstruction of the pelvis, the patient was

so convulsed with excessive efforts that I perforated the cranium to effect delivery safely to the mother. I only use it now, and have for several years, in flooding following delivery, where I have *always* found it successful. When this flooding is apprehended from habit, I give the Ergot in decoction, just before the child is delivered.

### §3. *Statistics of Natural and Preternatural Labor, including also some other matters.*

It is to be regretted that the hurry of business, and other causes, prevent the medical profession from acquiring those regular habits of record keeping which would make their experience tell, not only upon themselves as individual practitioners, but extend its benefits far and wide, in regard to both space and time. As it is, we give such as we have received, comprising in some instances only a portion of the practice of the reporter, but *consecutively*, and therefore available.

We should have preferred a tabular form for the statistics, as then the field would have been much more easily surveyed; but from the expense and difficulty of getting such printed, we have to proceed seriatim.

C. Jones, M. D., Massilon, Stark County, Ohio:

| | | |
|---|---|---|
| Total number of cases registered, | | 422 |
| Shoulder or hand, | 4, one in 105.50 | |
| Breech, | 3, " 140.67 | |
| Face, | 3, " 140.67 | |
| Cord alone, or with other parts, | 3, " 140.67 | |
| Cord with hand, foot and head, | 1, " 422.00 | |
| Preternatural presentation, | | 14 |
| Natural presentation, | | 408 |

Proportion between the two, one in 30.14.

E. Gaston, M. D., Morristown, Ohio:

| | | |
|---|---|---|
| Total number of cases, | | 1240 |
| Arm presentations, | 3, one in 413 | |
| Placenta previa, | 4, " 310 | |
| Preternatural presentation, | | 7 |
| Natural presentation, | | 1233 |

Being in proportion of one to 161.86 cases.

Th. W. Gordon gives from memory, which however we know to be a tenacious one, the number of preternatural presentations occurring

in eleven years practice, but not the number of natural ones. Supplying this defect by the average number for Ohio practitioners, fifty per annum, we have

| | | |
|---|---|---|
| Total number of cases, | | 550 |
| Hands and shoulder, | 1 | |
| Nates, | 1 | |
| Feet, | 2 | |
| Hands and shoulders, arms extending 4 or 5 inches from vulve, | 1 | |
| Preternatural presentation, | | 5 |
| Natural presentation, | | 545 |

Or one in 109 cases.

We prefer giving this number to the report—one in *about* 95; as we know the amount of his practice is fully up to, or more than the average.

R. R. McMeens, M. D., Sandusky:

We give here the statistics as we find them, but abstracting afterwards what is not wanted for this part of the report. The whole paper, however, of Dr. McMeens is so highly interesting, and the result of so much labor, that we have appended it as Appendix No. 1.

| | |
|---|---|
| Natural labor, | 190 |
| Difficult—Lingering, | 20 |
| " —Instrumental, | 15 |
| Preternatural, | 19 |
| Complex, | 15 |
| Total of cases, | 259 |
| Preternatural presentations, | 19 |

Being in proportion of one to 13.62.

Howard Culbertson, M. D., City of Zanesville:

His is decidedly the most accurate and laborious report we have received, being in the form of regular tables, where *every case* is set down in its appropriate column, with such remarks as its nature may seem to demand. Regretting that the expense of printing such tables makes it impossible to give the whole as an appendix, we give the summing up of the columns, but recommend the placing of the tables in the archives of the Society.

| | | |
|---|---|---|
| Total number of cases, | | 126 |
| First child, | 19 | |
| Subsequent birth, | 109 | |
| Mother under twenty, | 12 | |

| | |
|---|---|
| Mother over twenty, | 114 |
| Full term, | 114 |
| Short of term, | 12 |
| Number of normal pelves, | 122 |
| Number of abnormal pelves, | 4 |
| Number of normal children, | 123 |
| Number of abnormal children, | 3 |
| Mother died, | 2 |
| Chilren died, | 15 |
| Children died from breech presentation, | 2 |
| Number of cases of peritonitis, | 5 |
| Number of cases of other inflammations, | 4 |
| Phlegmasia dolens, | 1 |
| Ergot used, | 2 |
| Face presentations, | 2 |
| Breech presentations, | 4 |
| Natural presentations, | 120 |
| Total, | 126 |

Preternatural in proportion of one to 21.

E. W. Howard, M. D., Akron:

| | |
|---|---|
| Natural presentations, about | 1500 |
| Arm, in which spontaneous evolution and delivery took place, | 1 |
| Placenta previa, | 2 |
| Face, | 5 |
| Preternatural presentations, | 8 |

In proportion of one to 188.

Fred. T. Hurxthal, M. D., Massilon:

| | |
|---|---|
| Total number reported, | 125 |
| Breech presentations, | 8 |
| Natural presentations, | 117 |

In proportion of one to 15.62.

| | |
|---|---|
| Total number of cases reported, | 3963 |
| Natural presentations, | 3815 |
| Preternatural presentations, | 48 |

Proportion of one to 82.64.

We have received reports from Pennsylvania and Georgia, but deem them not proper for this place, and refer to them in Appendixes 2 and 3.

On comparing these different lists, one is struck with the singular discrepancy in the proportion of natural to preternatural presentations, in the practice of different gentlemen.

The occurrence of particular cases, at certain times and places, has almost the appearance of an epidemic or endemic, and is no doubt subject to some law, as yet unknown. The chairman of this committee, in twenty-five years' practice, never had a case of presentation of the cord till last year, and then three cases in immediate succession—two in neighboring houses in the same street. He never had any preternatural presentation in his own direct practice, except those of lower extremities, that offered no difficulty; had never in his *own* practice to turn—craniotamy once, forceps five or six times—though the number of cases attended cannot well have been under fifteen hundred. Were, however, consultation cases added to the above, there might be over forty preternatural cases mentioned; and it is probable that in some of the reports cases of consultation are thus included.

It is also observed that face and breech presentations are counted among the preternatural ones. We have strong doubt of the propriety of this arrangement, for ordinarily they do as well as vertex presentations, at least for the mother, though certainly they are somewhat more dangerous for the fœtus, but requiring, in ordinary circumstances, no artificial interference on the part of the accoucher.

It is far otherwise with presentation of the trunk and upper extremities,—artificial interference then becomes the rule, and relief by the unassisted powers of nature, by spontaneous evolution, as in the case of Dr. Howard, of Akron, and two cases reported at length in Appendix No. 2, the very rare exception.

We do not propose to canvass this entire field, but only refer to shoulder presentations and their proper treatment.

It is agreed that the position of the fœtus must be changed, and the question is, shall we endeavor to bring down the head or the inferior extremity. The head would naturally suggest itself, and cephalic version was therefore more in vogue among the ancients than podalic version. Hippocrates gives directions for effecting this change, by *external* manipulations—which he probably never tried himself, else their notorious inefficiency would have prevented any notice of the process in his writings. Subsequent writers more rationally directed *internal* manipulations, and the directions for the process found on page 503 of Van Swieten's commentary on Boerhaave, where it is quoted from Deventes Navum lumen artes obstetricis caput XI pag.

177, in the following words, which, on account of their brevity and clearness, we here transcribe: "Si invenerit, uterum recti positum humores in longitudinum expansos esse, si modo manum, modo pedem, aut etiam caput, aliquatenus tangere potuerit, tunc opportunem tempus non negligat, judicans, satis protuberare aquas et tactu caput aliquatenus sentiens, acqus membranam unguibus conpingat et protinus digitus caput in ostium dirigat, obstaculis quibus cunque manus scilicet, pedis, funiculi umbilicatis remotis, quod tum facile fieri potest, quia satis spatis suppetit. Capite hoc pacto in ostium inducto, non est, quod obstetrix metuat, idem inde recessurum esse; humoris enim effluxis, infanti in utero recto, spatium non est, sese huc illuc vertindi; quia uterus statim contractus infantem undique comprimit."

Cephalic version seems, however, to have fallen into disuse, for more than half a century, till its claims again were strongly urged by Prof. Wright, of Cincinnati, who, in a prize essay read before this Society, gave luminous instructions for its performance, and illustrated the practice by the report of several successful cases of his own. It is strongly suspected, however, by your committee, that Dr. Wright's success and favorable impressions, concerning the process, is more owing to his personal skill and great manual dexterity than to its absolute merits; otherwise it would not have been so almost exclusively abandoned by the profession. Among our reports there is but a single one of an *attempt* at cephalic version, unsuccessful on account of the very accident the above quoted extract deems impossible, viz. the head being prevented from returning to its old position by the contractions of the uterus,—for so it happens, the uterus does not always contract when the accoucher thinks it ought to. Undoubtedly, cases may occur where the pelvis is capacious, the os fully dilated, the membranes unbroken or just broken, and the head *not far* from the brim of the pelvis, in which cephalic version might be properly performed; but in those very cases the podalic version is also so easily and safely performed as scarce to give the other a preference, (Prof. Jas. Hamilton, of Edinburg, even claims that it can be done without introducing the hand,) while the foot or leg certainly affords us a much securer control over the fœtus than the rounded head, that cannot be embraced with the fingers. Both manipulations must be performed *within* the uterus, and it is submitted that the less *bulk* the hand presents the less violence will this organ suffer. We do not expect the practice extensively to prevail. In this assertion we only echo Prof. James Hamilton, of Edinburg, in his practical observations on midwifery, published in Philadelphia in 1838:

"Within these few years attempts have been made by Mons. Flammant, of Strasbourg, and other practitioners, to restore the old practice (of bringing down the head instead of the feet), which they dignify with the title of the Hippocratic method. That it *may* be useful and proper in such cases to make the head the presenting part, the author admits; but these are exceptions to the general rule, which rarely occur. Thus, in a few cases to which he has been called, on its being discovered *immediately* after the rupture of the membranes that the shoulder was the presenting part, he has succeeded in reducing the shoulder and assisting forward the head. In those cases the patient had had a family, and the uterine contractions were remarkably vigorous."

For remarkable cases of midwifery and their modes of treatment, as well as some lamentable instances of quackery, we refer to the four appendixes, where a large number will be found.

### *Diseases of Puerperal Women.*

Puerperal fever, puerperal peritonitis, child-bed fever, &c., justly regarded with horror by the obstetrician. Though cholera and other pestilences sweep away their thousands, and depopulate cities and counties, they, like tornadoes and earthquakes, affect the mass of society, so that the individual wave of woe is lost in the great deluge of affliction. Quite the reverse, puerperal fever invades the family circle, singles out the teeming mother, perhaps the bride of less than a year's matrimonial experience, just having given to the world her first born. Or the honored matron, the loving and faithful companion and friend of a quarter of a century; concentrating in herself, all the dear relations of daughter, sister, wife, mother, and grandmother, but in *either* case, the very Cynosure, the life and light of her household.—Behold her smitten, quailing beneath the pang of the dread destroyer, that countenance, so lately radiant with joy—now of a deadly pallor, those beaming eyes shrunken and corpse-like, her lovely features distorted, cold perspiration covering her body, and the very atmosphere around her filled with deadly miasm. Who can witness such a scene and not be wrung to his very heart's core with the strongest emotions of pity. But the physician must not idly pity, he must act and save, and, unpromising as those cases are, yet when they do not occur epidemically, when but part and parcel of some sweeping pestilence, our efforts are often crowned with success. It is the voice of the profession, as far as we can judge by report, that the disease in its sporadic form, is of a strictly inflammatory character, involving,

however, a variety of tissues (not necessarily the same in all cases,) modified also, by age, constitution, and former health, so that it must in each individual case—be treated *pro re nata*, according to that individuality. The four great anti-phlogistics, bleeding and opium, for opium in large doses is truly such, play as might be expected, the chief role, aided however, by every other variety of appliances that the nature of the case may demand. The first decided symptom of an attack of puerperal fever is generally a fixed, constant, agonizing pain in some part of the abdomen, mostly in the region of the uterus, or one of the ovaries, which, by degrees spreads, involving, finally the entire abdomen. As long as this pain is thus localized bleeding and bleeding *ad hoc*, till this symptom is removed, or the patient faints, and again as she recovers from the syncope, fearlessly, decidedly, till that nucleus of disease is overcome, will seldom fail. But unfortunately that pain is at first by the patient and her friends, mistaken for after pain, colic, &c., and neglected till her haggard countenance and dying eye strikes them with terror. It is now too late for the lancet, but our second great remedy, still gives a hope, and will at least smooth the passage to the grave. In appendix —, a number of very interesting, skillfully treated, and well reported cases may be found, to which we refer. But we must again insist that that scrupulous cleanliness of person and bed, that coolness and quiet of the chamber, which we so strongly advocated in a former paragraph, will do more to prevent, than all our remedial resources will do toward curing sporadic puerperal fever. We must here make a passing remark of the treatment of Dr. Terbrache of Claysville of this state. He commences the treatment by an active emetic, followed by carb. of ammonia and quinia in large doses, and claims great success. As, however, his practice is in a malarious district of country, that fact may account for the favorable results of the quinine treatment, which as a general thing, seems to us, ill adapted to cope with the disease. Terrible as puerperal fever is in its sporadic form, it is horrible beyond description, when it assumes that of an epidemic. In some of these epidemics, every puerpera was smitten, and the smitten one died. In others, though not exclusively fatal, yet was the mortality excessively great. Many of us, remember the prevalence of the black tongue fever, or malignant erysipelas that desolated this state some seventeen or eighteen years ago—many, *many* were the victims puerperal fever then claimed as its own. In some districts, scarcely a child-bearing woman escaped. All treatment proved of but little avail in those terrible cases. But have physicians a responsibility in

this matter? We fear an awful one. Some of those epidemics have been almost confined to the practice of a single physician. The chairman of your committee was cognizant of a case of this same kind, years ago, in a city of Central Ohio; a physician in high standing in the community, was said to have lost some 20 patients in a few months, while no unusual mortality existed in the practice of his colleagues. A polite note was addressed to him on this subject, but received no attention. In appendix No. three, will, however, be found a warning letter from Dr. Palmer of Zelianopel, Butler county.—Pre-supported by detailed cases, which render it probable, that not only may a physician propagate puerperal fever from one patient to another, but, while attending on scarlatina, measles, small pox, &c., he may carry to the lying-in chamber, a morbid poison, acting as a ferment to the blood, and developing not *that* specific disease, but fatal child-bed fevers. However, happily, the disease is quite rare in Ohio.

Puerperal convulsions, perhaps claim our next attention. When occuring during labor, delivery is considered a *sine qua non*, at least was, till quite recently the introduction of chloroform has given us a *new* agent of the greatest power in this terrible affection—if not a specific, at least *more certain* than any previous mode of treatment; in appendix No. — is a case of that kind.

The treatment of Phlegmasia dolens, offers nothing new. Gentle antiphlogistic treatment with a mild alterative course of Hydrargyrus or ———— together with small blisters to different parts of the limb, constitute that treatment, slow but sure.

We find no cases of puerperal mania in our correspondence, but from the reports of the Lunatic Asylums it seems that some cases find their way to them. None of our correspondents say any thing in regard to diseases of the newly born. *Trismus nascentium* seems in Ohio, unknown.

With those few remarks we close this part of our report, and proceed to our third chapter.

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## CHAPTER III.—OBSTETRICAL LITERATURE AND EDUCATION.

Although possessed of the most ample talent, and offering a wide and fruitful field for investigation—we believe Ohio, cannot as yet, boast of an author in obstetrical science, and, even taking the whole United States as a theme for our remarks, we must complain of excessive meagerness of literary productions in this most important and

interesting branch of medical science. While the European and particularly the continental press, are teeming with new works on obstetric science and art; we, who in the youthful vigor of our strength should lead, have not even been able to *keep up* with those great leaders. Nothing but new editions of old works, and *they* perhaps chiefly rendered necessary by the smallness of former editions, have fallen from the press within the last year. We hope this reproach will be wiped off ere long. While in the republic of science, we recognize neither East or West, North or South, while, neither the broad Atlantic or the swelling surge of the Pacific can offer a barrier to the communion of mind with mind, yet your committee must and do insist on the propriety of home productions for home consumption, in the realm of science, as well as that of the arts.

We consider our American medical association as more particularly charged with the task of maturing a proper and as near as possible perfect system of medical education; but as many littles make a mickle, it is deemed the duty of this society to contribute its share. It might perhaps be cogently enquired, if the existence of five medical colleges within our State, and three of them in the single city of Cincinnati, were really necessary, or the *best means* of educating our students, and whether something would not be gained by concentrating forces, and thereby, on the one hand, offer a stronger front against the assaults of quackery, and on the other, offer to our rising generation of medical men so much better opportunities, as to induce them to stay at home, instead of seeking for instruction and item a *sheepskin* in some eastern institution. But so much has lately been said about colleges, that we do not feel like adding more, and *after all* a genuine reform must begin in the office of the private preceptor. How many of us are prepared to give a good account of ourselves. Students are admitted without proper preliminary education. Now we do not mean that the medical student should understand Latin, Hebrew, Greek, German and French, the Differential and Integral Calculus, and all that, though it certainly were desirable, if he were able to read that much coveted parchment, "The Diploma," which, as it is to identify him as one of the learned, is couched in the language of the learned—the world over—namely, the Latin. It is, however, certainly indispensably necessary that he should *at least* possess a good English education, be able to read well, and digest what he reads, order his thoughts and commit them to paper, in a readable manner, possess the manners and address of a gentlemen, and be not addicted to vicious habits. It is feared that some Ohio practitioners

take medical students not for the sake of instructing them, nor even for the sake of a fee, but simply to have a servant at all work, to keep the office in order, care for the horses, etc., etc., and provided *these things* be attended to, the subject of instruction is of secondary importance. Students are taken in this manner who are known not to possess the means of qualifying themselves, by attending lectures, hospitals and dissections, and are allowed and *encouraged* to go into practice upon the simple certificate of their preceptor. This is all very wrong, and *must* be amended. *Again*, in few of the medical offices of Ohio does the student find any facility for pursuing this so important branch of his future profession. Beyond the few wood-cuts in his text book he has no material of instruction, no large plates, no manikin, not even a female pelvis and fœtal head, though the latter can be had for $10.

Preceptors take but little pains to give clinical instructions to their pupils. All of us, and more particularly those who reside in the city, have always on hand a number of cases, who, unproductive to us in a pecuniary point of view, are not very particular as to who attends them, and have but few of those refined about them, that would render the introduction of the student into the lying-in-chamber improper. Let the student be thoroughly indoctrinated, trained on the manikin, or pelvis and head, then take him with us, and let him, under our eye, acquire the first lessons of experience, and soon he may be trusted with cases of his own, as he always will have his preceptor to fall back upon, should something beyond his ken occur. Above every other branch, midwifery cannot be successfully taught by oral instruction or reading, it is the actual experience at the bedside *alone* that can give that tact and cool self-possession that are so necessary in the hour of danger.

We close our report by referring to our appendixes for interesting cases illustrating correct as well as malpractice.

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## APPENDIX NO 1.

### REPORT FROM R. R. M'MEENS, M. D.

JNO. G. F. HOLSTON, M. D.—*Dear Sir:* I take pleasure in complying with the favor solicited in your circular, and will endeavor to reply to as many of the interrogatories as practical experience will furnish an answer.

I have included obstetrics in the general practice of the profession

for the past sixteen years, and continue to be so employed at the present time.

I have kept a registry of births, with a record of interesting cases, in which I have been individually engaged, or called in consultation, with the exception of two years, for the whole of that time. And in answer to the various inquiries comprised under that head in your circular, I shall adopt a synoptical arrangement of cases, under the comprehensive classification of Ramsbotham. Whole number of cases registered, is 259; and, classified as recorded and remembered, will stand as follows:

| | | |
|---|---|---|
| 1st—Natural Labors, | | 190 |
| 2d—Difficult. | Lingering, | 20 |
| | Instrumental, | 15 |
| 3d—Preternatural, | | 19 |
| 4th—Complex, | | 15 |

Of the lingering cases, a large proportion were dependent upon rigidity of the os uteri, resistance of the perineum, firm structure of soft parts, premature rupture of membranes, advanced age in first labors, or all combined; others to constitutional debility or delicacy, and others to the undue development of the fœtal head.

The remedial measures usually resorted to for the above conditions, consisted in venesection, opium, antimony, and anodyne injections *per anum*, with warm fomentations to external parts, according to circumstances and indications.

Of the instrumental cases, nine were such as required the application of the forceps, to effect delivery. In all of these, the head had engaged in the lower strait, and the pains quite or nearly subsided, from uterine inertia or physical exhaustion. Six of the children survived the operation, without any injury. Three were dead, or presumed to be, before their application. In four of these cases, I was only called, when the use of the instruments was urgently demanded, and two were the wives of empirics themselves.

The remaining six were cases requiring the operation of Craniotomy, from the head becoming immovably impacted in the pelvis, with encroaching exhaustion, from contraction of that cavity, and in one case from congenital hydrocephalus.

Preternatural Labors.—The cases enumerated under this head are nineteen in all, subdivided as follows:

| | |
|---|---|
| Breech presentations, | 11 |
| Shoulder presentations, | 5 |

Foot presentations, . . . . . 2
Abdominal presentation, . . . . . 1

The breech presentations were unattended with any difficulty. In the shoulder presentations, podalic version was resorted to in every case, seven of which resulted favorably to mother and child. In two, the fœtus had been dead for some time; and the remaining two presented obstacles of so peculiar and embarrassing a nature as to require some notice.

*Case* 112, *March*, 1845.—Was sent for by Dr. A. Hepburn, with directions to bring a full supply of obstetrical instruments, to see Mrs. S——, six miles from Tiffin. The Dr. had found the patient in a state of extreme exhaustion, under the following circumstances:—"Had been in labor for thirty-six hours, under the care of a German midwife, who had brought down the arm, and attempted to force delivery by violent traction, which had dislocated the arm from the shoulder, and drawn it some four inches from its articulation, by stretching the integuments; had then endeavored to twist it off; failing in this, she abandoned the case."

Upon examination, we found the thorax of the child wedged in the cavity of the pelvis, the fractured extremities of the ribs projecting into the vagina. We first separated the arm from the body, by dividing the twisted integument; then forced the thorax out of the pelvis, reached the feet, turned and brought the hips to the world, where the further delivery was arrested, by the entanglement of the broken ribs upon the walls of the pelvis. These I endeavored to manage with my hand, to prevent laceration of the parts; but finding it impossible to do so, I passed a tape, by means of a double cannula, around the chest, and compressed the ribs upon the body of the child, and, with the assistance of my hand, succeeded in effecting delivery. The patient eventually recovered, but suffered for a long time from a partial paralysis of the lower extremities, and offensive discharges from the vagina.

*Case* 155, *March*, 1851.—Was requested by Dr. Tilden to assist him in the delivery of a stout German woman in Sandusky, who had been in labor for twenty-four hours, and in which he had made several unavailable efforts to find the feet, with the view of effecting podalic version—the presentation being transverse, and all the circumstances apparently favorable for such an operation. Upon examination, I readily detected the abdomen as the presenting part; but in passing my hand upward, in the ordinary direction for finding the feet, was also unable to reach them. I then introduced my left hand over the

side of the body, and found the feet directly upon the loins of the child, and, by a gentle degree of traction, rotated the body, and delivered—the abdomen passing under the arch of the pubis, and the vertex sweeping the concavity of the sacrum. The fœtus was dead, and presented the anomaly of a congenital curvature of spine, posteriorly, establishing a complete and permanent opisthotonism.

Complex Labors.—Under this class, I include all those cases attended or immediately followed by conditions or complications of especial difficulty and danger, indirectly induced by, or super-added to, those already considered, which I shall arrange and notice in the following order:

| | |
|---|---|
| Cases of Placenta Previa, | 4 |
| " " Puerperal Convulsions, | 3 |
| " " Adherent Placenta, | 4 |
| " " Concealed Hemorrhage, | 2 |
| " " Unconscious Delivery, | 1 |
| " " Puerperal Mania, | 1 |

Cases of Placenta Previa.—*Case No.* 16, 1844.—Mrs. E. H——, thirty-five years of age, one mile from Tiffin, near full term of gestation, was suddenly seized with a sharp pain, immediately followed by profuse hemorrhage, while engaged over the wash-tub, syncope soon succeeding. She was put in bed, and messenger despatched for aid. Saw her in one hour after the accident; found her pallid and pulseless, bathed in cold perspiration; clothing saturated with blood, which was dribbling through the bed, and running over the floor. On examination, discovered the body of the placenta protruding through the os uteri, which was largely dilated, the blood still streaming from numerous vessels. Forced my finger through its substance, and ruptured the membranes; but on removing my hand, found the patient had already expired. The prodromes of this case were—that she had passed through a most perilous course of puerperal fever, about a year previous, which was ultimately cured by the inunction of the abdomen with strong mercurial ointment.

*Case No.* 97, 1847.—Mrs. H. F., of St. Clair, Michigan, a small delicate woman of strumous habit, presumed to be seven months advanced, was seized with irregular pains and frequent floodings, but small in quantity, after riding a distance in a lumber wagon. Examination revealed the os uteri dilated to the size of a shilling, with shreds of coagulated blood hanging from the orifice. A silk handkerchief wrung out of cold water was introduced as a tampon, cold cloths over the abdomen, and lead and opium given internally, which

arrested the flow for the time being, but which returned upon every removal of the tampon, and continued so to do for the space of a week. In the meantime alum water, tannin and ergot were added to the other medicines. The hemorhage still increasing with every removal of the tampon, and more intractable in character; and the patient becoming exsanguious in appearance, with sudden fits of headache, noise in the head, occasional and severe cramps in the limbs and abdomen, manifested clearly the necessity of more active measures. An examination was again instituted. Os uteri found considerably dilated, and easily dilatable; the fibrous body of the placenta surrounded the whole orifice. I made an effort to discover the extent of its attachment, by detaching it from the uterine walls as I proceeded. Blood flowed freely, the border of the placenta was fortunately found, the membranes ruptured, and a degree of contraction secured. The ergot was then freely given to excite expulsive action, and tampon occasionally used to restrain hemorhage. For three successive days no progress was made; the patient constantly harrassed with cramps, nausea, syncope, and cerebral sufferings. The discharges becoming offensive, and symptoms of exhaustion prominent, I resorted to forcible delivery, by bringing down the feet. This was accomplished with less difficulty than was apprehended by contraction excited by compression and friction over the body of the uterus. A quantity of blood was again lost, upon separating the placental attachment, and the patient so much exhausted that little hopes were entertained of her recovery. She slowly recruited, but became generally anasarcous, bloodless and bloated in countenance. All the restorative measures my ingenuity could devise failed to establish her health, and she ultimately passed into the hands of empyrics, but still remained, as long as I could learn, extremely debilitated and Dropsical.

*Case No.* 118, 1848.—Mrs. R., of Newport, Michigan. Called in consultation a distance of eight miles. Her medical attendant had been endeavoring to control the excessive hemorhage for twelve hours, without success. I found her exceedingly low and faint from loss of blood, os uteri largely dilated and placenta presenting. On consultation, concluded to force delivery by podalic version, as the only resource left for the safety of the mother; but before this could be done, she sunk into a syncope from which she never recovered.

*Case No.* 159, 1851.—Mrs. G., of Sandusky. Was called by Dr. Lane. The patient had been seized with one or two severe pains, followed by the discharge of a large quantity of blood, after which all pain subsided, a degree of hemorhage continuing. On examination,

found the hand and a portion of the placenta low down in the vagina. Podalic version was immediately resorted to, and accomplished without difficulty or injury to the child.

Puerperal Convulsions.—Of the three most violent cases of this kind, in one the first evidence of labor was ushered in during a series of most frightful convulsions, and to hasten delivery the membranes were ruptured, and the process soon terminated. The convulsions were combated by early and free venesection, active catharsis, elevation of the head, with application to the same of cold water by affusion and douche. In another instance convulsion occurred at the same period in two different confinements of the same person, and appeared to be excited and suddenly developed by the painful distension of the perineum while the head was forcibly passing that outlet, and disappeared immediately upon the expulsion of the fœtus, without any recurrence, while the patient would gradually recover, without the least recollection of the circumstance. In the third case they were induced evidently by concealed hemorhage. I was sent for in haste in consequence of syncope, and found the uterus enormously distended, introduced my hand to remove the clots of blood, compressing the body of the organ at the same time with the other, and after the escape of an immense quantity of coagulated blood, she was seized with convulsions. These were met by the administration of tinct. opii, camphor and ether sulphuricus; considering them to be sympathetically excited from the powerful oppression during the distension, and the shocks of sudden reaction occasioned by its rapid removal.

Adherent Placenta.—Of all the difficulties I have as yet encountered in obstetrical practice, none have embarrassed and tried me so sorely as cases of the above character. The first case was that of a young and robust countrywoman in her first labor. The delivery was rapid and easy. After waiting a proper time, and no after pains occurring, I made a slight traction upon the funis, which immediately came away, with a small portion of spongy and morbidly pultaceous placenta, followed by some considerable hemorhage. I introduced my hand to grasp the whole mass if possible, and bring it away, but found it still attached in its whole circumference, and in attempting to separate it, small portions would be detached readily, and fall in many fragments, while other parts could not be separated without great force, and then be followed by much hemorhage and severe pain. After many and long continued efforts I had to desist, from the loss of blood sustained, from an hour-glass contraction supervening, and from excessive irritability of the external parts, and to trust to time and chance

for its ultimate expulsion; relieving pain by free doses of opium, encouraging contraction and controlling hemorhage by ergot, and assisting the discharge, and correcting their fœtor, by vaginal injections of chloride of soda and infusion of anthemis; febrile excitement and nervous distress allayed by nitre hyosciamus and ipecac in combination, and the system supported by chicken broth, wine whey, &c. After six weeks of constant attention and ceaseless care, she eventually recovered, and bore a number of children without any return of the like condition. So offensive and profuse were the discharges at one time, as to impregnate the whole house with the odor, rendering it untenable for the family.

The next case of most importance occurred in Sandusky. The patient had been delivered by Drs. Austin and Tilden, who had attempted to remove the placenta, but was unable to do so, from the force required to separate its attachments, with the excessive hemorhage that followed every effort made, with the untoward symptoms of physical prostration. At this stage of the case I was called to assist them, and after great labor and careful management, succeeded in securing its complete detachment.

About fifteen months subsequently, I was called to attend this woman in a second labor. Apprehensive of a like condition, I desired counsel before proceeding to take charge of the case. To this she objected, as she had suffered so much from our alternate manipulations before. The pains rapidly increasing, parturition was soon perfected without any difficulty. After a proper time, I proceeded with precaution to an examination of the placenta. I found it firmly adherent, unnaturally fibrous and rough to the touch. I thereupon attempted its detachment, by forcing the palmar surface of my fingers along the walls of the uterus, pealing it off only with great labor, discovering it to be of a calcareous character, giving a sensation of sandy grittiness, and to satisfy myself of this fact, pinched off a portion for ocular inspection. It proved to be filled with small calcareous particles of a white and earthy character. Before completing the detachment she expired from loss of blood. The remaining two cases were morbid adhesions of the ordinary kind, and after prompt and careful management terminated favorably.

Concealed Hemorhage.—I was called to see a woman reported to have been delivered of twins by a midwife, who asserted there was yet another fœtus, which she was unable to secure. Before arriving at the place the patient had expired, and upon investigation, discovered the case to have been one of the above character. The midwife pre-

suming the protuberance of the abdomen, and distension of the uterus, to depend upon the existence of another child. But by making compression over that organ, a large quantity of clots of blood escaped, and the prominence at once disappeared. The only fatal case of the kind I have ever met with, and the result undoubtedly of gross mismanagement. The other was a case that nearly proved fatal from the same want of attention.

Unconscious Delivery.—During the prevalence of cholera in this city, in 1852, a healthy English woman was attacked with the disease, when about in the eighth month of her pregnancy. The onset was violent, and she rapidly passed into the stage of collapse. This was not extreme; though powerfully prostrated, she was perfectly conscious and able to converse, pulse perceptible at the wrist, and reaction obviously ensuing. She was allowed to partake of chicken broth, which was relished. She fell into a quiet slumber for some hours, from which she did not awake until my arrival. She expressed herself as feeling improved and refreshed by her sleep. Accidentally placing my hand upon the abdomen, found it had entirely subsided, and to her astonishment the fœtus, enclosed in its membranes, was found in the bed. She could scarcely be convinced of the fact, and protested her entire unconsciousness of any pain or disturbance whatever. The fœtus was large and fully developed, no hemorhage whatever occurred, and she had a rapid recovery.

Puerperal Mania.—I have met with but one case of this charac ter, in its complete development. The lady was under the care of Dr. Tilden, and was recovering as rapidly as usual after a rather severe labor, for the first week of her confinement, when she began to exhibit the peculiar derangement and incoherency of puerperal mania. She manifested great repugnance for her child, and dislike toward her husband, became distrustful of her physician and nurse, imagined herself possessed of immense property, was garrulous, and frequently obscene in her language, sleepless for several days and nights. The Doctor had procured sufficient catharsis, and administered anodynes and placibos without any amelioration. There being a decided febrile exacerbation every evening, we concluded to place her upon the continued use of full doses of Dover powder, alternated with a combination of camphor and hyosciamus, and she slowly improved under their influence, and afterwards sank into a long and quiet slumber, from which she awoke entirely relieved.

Employment of Ergot.—I resort but rarely of late years to the use of this article during the process of parturition, as I believe the

special indications demanding its aid, are seldom sufficiently conjoined with all other circumstances to render it entirely unobjectionable. Lingering labors, from uterine inertia alone, are comparatively rare, and when the result of rigidity of fibre, structural resistance or mechanical obstruction, it can only serve to aggravate or embarrass delivery in a large proportion of cases. Such has been my experience. And again, I have been disappointed in procuring a prompt display of its powers when most urgent, and subsequently experienced an explosive exhibition, where no necessity for its action existed. I generally confine its administration to those cases where hemorhage precedes, attends, or supervenes subsequent to labor. Of its possessing any peculiarly pernicious influence or effects upon mother or child, I have witnessed no unequivocal manifestations of such nature, beyond the induction of a severe hysteralgia, when it had been improperly taken to procure abortion.

Malpraxis.—I have not been personally cognizant of cases of malpractice, but, from reliable authority, know of a number of such instances occurring in our city—principally in the practice of one irregular practitioner. These have been confined exclusively to the most ignorant portion of our population. The nature of such cases has been that of performing the Cæsarean section, by opening the abdomen transversely, at one sweep of the knife; the crushing of a child's head, in using the forceps, and extensive lacerations in performing craniotomy. No cases of medico-legal investigation have occurred to my knowledge.

Fees.—The fee for an obstetrical engagement, among the regular and legitimate fraternity, is invariably five dollars. Any subsequent attention is charged, as in ordinary practice.

Number of Practitioners.—There are eight members of our County Medical Society in this city, seven of whom are actively engaged in practice. There are two American, four German, and one Irish physician, who profess to practice regular medicine. There are two American homœopathists; one itinerating promulgator and practitioner of *Inhalation;* one "Cancer Doctor," who professes an intimate acquaintance with the mysterious medicines and pow-wows of the aborigines of the country. The larger portion of practice is done by the legitimate profession, and are almost invariably employed in critical cases, evincing clearly that the greatest amount of confidence is reposed in the regular profession. The homœopathists are next most frequently employed, who carry cases of pleasant pellets, but not unfrequently stoop to dreadful doses of castor oil, quinine and

calomel, but only where their cases will *chew tobacco*, or sink into a critical condition. I am sorry to say, there are none of the *Female Faculty* here, or I should certainly seek them out, as I am fond of that kind of *Society*.

Mineral Springs.—There are several springs strongly impregnated with sulphur in this vicinity. No analysis has been made of them to my knowledge. They are occasionally sought after by persons afflicted with cutaneous disorders and hepatic derangements, but I believe with no extraordinary success.

Finally, I have endeavored to answer all the interrogatories upon which I have had any experience or knowledge,—the balance I leave to better hands. What I have written has been done hastily and extempore, from records and from memory. If all or any portion of the matter will be of use to you, you can adopt or select at your pleasure. I am always anxious to assist our *working men* in the profession, to the best of my abilities, for the elevation and progress of the profession. I shall be most happy to meet and greet you in our place at the next convention.

Respectfully,

R. R. McMEENS.

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## APPENDIX NO. 2.

### REPORT OF FRED. T. HURXTHAL, M. D.

J. G. F. Holston, Chairman Com. on Obst., O. S. M. Society—*Dear Sir:* In compliance with your circular note, containing interrogatories in Obstetricy, I have to report:

Question 1.—I am and have been engaged in the general practice of medicine, including obstetrics.

Question 2.—I have kept a detailed registry of 127 cases, (a few of these occurred in the practice of others, and from whom I obtained all the material facts.) The number of deviations from vertex presentations is nine, including one of Dr. Reed's. Breech, eight. Face, (Dr. Reed,) one. Of the eight breech presentations, two were associated with puerperal convulsions, at about the sixth month of gestation—both cases occurring in the same lady, at an interval of sixteen months. Ratio of 8 to 125, 15 1-2 and a fraction. Five of the children at term lived; one still-born at term; two at six months born alive, but soon died. All the mothers did well. Prodromes—the

only one we noticed was severe cephalalgia of ten hours duration, before convulsions. Treatment—no special mechanical means used in the first six cases,—the last two delivered by the forceps. It is perhaps proper to remark here, that chloroform was freely used as the only means to control the convulsions, during the first abortion, which was terminated eighteen hours after labor commenced—the convulsions continuing during the whole period, unless controlled by chloroform, and ceased upon delivery by the forceps. In the second attack we were not so successful in arresting the convulsions on delivery. The labor was terminated by forceps in eight hours—after which the convulsions increased in frequency and severity. Perfect anasthesia was induced and maintained for five and a half hours, when the patient awoke—not to consciousness, but freed from convulsions.

At the first attack, speech returned on the third day; memory, so as to know her husband, on the tenth day. At the second attack, speech returned in a few hours; memory returned in two days.

Case of face presentation, (Dr. R.)—the attendant attempted "pedal version," after the head had engaged the superior strait, resulting in the death of the fœtus and mother.

Question 3.—Have not had any case requiring it.

Question 4.—Have employed Ergot in twelve cases of "Difficult Labor." In ten cases mother and child did well. In two cases of six months, children died, and mother recovered. Of the ten cases, three were of three days duration, three were of forty hours duration, two were of forty-eight hours duration, and one of twenty-eight hours duration. I have not seen a case wherein I thought Ergot at full time acted perniciously on mother or child.

One case of Ergotism in an unmarried woman, who endeavored to produce abortion by free use of Ergot. In this case, the convulsions were the direct effect of Vin Tinet Ergot.

Question 5.—Two cases of puerperal fever,—one dependent upon adhesion of placenta; one Traumatic, lady receiving a severe blow over the uterine region, ten days before labor, from which the child died ten days after birth, having received a very severe injury of the scalp, at the superior margin of the right parietal, communicating with the longitudinal sinus. First case proceeded to a fatal termination, remedies having no perceptible effect. Second case, bleeding considered not admissible; relied mostly on opiates. From peculiar idiosyncrasies, I told her antimony could not be used. Prodromes, those usually described as attendant upon this disease. Phlegmasia

dolens, none. Puerperal mania, none. Trismus nascentium, none.

Question 6.—Seven regular, four irregular, and two female.

Question 7.—The only marked case of malpractice, within my knowledge, is that of face presentation, with all the material facts of which I am possessed, having become involved in the case, and which I append in detail.

No medico-legal investigations have been had here in obstetrics.

Question 8.—No case has occurred to me, requiring a departure from general practice.

Question 9.—Three to five dollars.

Question 10.—I have not in any case.

From my friend Dr. Schertzer, (who unfortunately has mislaid his register,) I have obtained the following:

After thirty-seven years' experience, he is perfectly convinced that Ergot is deleterious in difficult labor. Still-born children were of frequent occurrence when he was in the habit of using it; now they very seldom occur. He cites two cases of irregular practitioners slitting open the entire perineum, to facilitate the birth. One secured the parts in apposition by sutures; the other did nothing. In this case the woman remained through life a great sufferer. The first did well.

Multiparous.—Mrs. S., in her third and fourth labors, was safely delivered of three children each time. In the third labor, children all died within the month. The fourth labor occurred within eleven months of the third; children are all now living, and are over three years old.

Arrest of Development.—I examined a boy of twelve years old, every way well developed excepting the inferior extremities. In the right side there appeared to be a femur of about two and a half or three inches long, extending almost horizontally to the plain of the body; on the left no discoverable femur. Tibia and fibules appeared normal, and of about the length of a boy of his age. As he walked, his hands came within two inches of the ground.

Rupture of the Utero-Vaginal Cul de Sac, by the Accoucher. Mrs. H., aged 27, of delicate constitution, small physical development, enjoying good health, was taken in labor with her second child, about 6 A. M., Feb. 23d, 1851. After four or five hours of active labor, the os uteri was found fully dilated, membranes ruptured, and a face presentation detected. The accoucher directed his efforts to sustaining the chin, during each contraction, hoping thereby of converting the case into one of natural or vertex presentation. Whilst

endeavoring to support the chin, or reduce it so as to bring down the vertex, the pain inflicted became insupportable. He was compelled to withdraw his support, at the earnest solicitations of the sufferer, although much against his judgment. Two vigorous contractions succeeded each other rapidly, after which he found the face driven down into the superior strait, with the os frontis resting upon the sacrum, and the chin empinged upon the os pubis. Without a moment's delay, he determined to subject his patient to turning. Complete anasthesia induced by chloroform; pedal version accomplished, and a male child delivered still-born. Expulsive throes continued, and the "Naehgeburt" (afterbirth) expelled. Flooding, to a considerable extent, continued for six hours yet not sufficient to make much impression upon the pulse. During this time, the lady complained much of severe, deep-seated pain in the pelvic region; upon examination, her abdomen was found rapidly distending with flatus, and respiration becoming embarrassed. Ten hours after completion of labor, the patient was found sinking rapidly; pulse extinct in left radial artery, and scarcely to be felt in the right; extremities cold, and bathed in clammy sweat. Dr. Wm. B. was now called in consultation; concurred with the attendant, that the prostration was attributable to the administration of chloroform. Stimulants were at once freely given, with external warmth, and irritants to the extremities. About one o'clock A. M. slight reaction came on, and gradually increased till morning, when the pulse was found to be 140, very small and wiry. Stomach irritable, rejecting everything administered; abdomen distended to the utmost, tender to the touch; pelvic pain continued; respiration labored; lochia normal. Treat opii.

Tuesday morning, appeared better; had some sleep; pulse 130, very weak; skin dry and warm; vomiting continues; abdomen same; constant pelvic pain. Lochia.

Wednesday morning—patient passed a good night; debility increases; pulse 120, small and feeble; irritability of stomach abating; abdomen rather untense. Lochia natural.

Thursday morning, 29th—Very restless night; pulse 120, less volume than yesterday; abdomen less distended; stomach more tranquil; appears somewhat cheerful; lochia sufficient in quantity, and healthy in character. Attendant reports her nearly or quite out of danger.

Thursday, 4 P. M.—Patient rapidly sinking; pulse more frequent and more feeble. Death closed the scene at 6 P. M.

Friday morning—Met the consulting physician, who gave me the

above detailed history, and solicited an opinion of the pathology of the case,—stating, at the same time, that Dr. R. viewed it as puerperal peritonitis, whilst he thought it metretis. Not being able to concur with either, as to the character of the disease, as it did not appear to me that the history would warrant either conclusion, I endeavored to convince him that there must have been a laceration of some of the parts involved in the labor, by the undue amount of force used by Dr. R., when he attempted to support the chin, or introduce his hand between the child's head and the os uteri, and that death was to be charged upon internal hemorhage, from the parts suffering rupture. Failing to convince Dr. B., I desired my opinion to be communicated to Dr. R., and to urge upon him the necessity of a post mortem examination.

Twenty-two hours after death, Dr. S. W. S. and myself were invited to be present at an examination of the body. Before the dissection was commenced, by request Dr. H. gave the details of the case, which were substantially as related above. Dr. W. being the junior member, proceeded to lay open the abdominal cavity. As soon as the cavity was punctured, fluid blood escaped; the incision being enlarged, two quarts of fluid blood and serum were removed by the sponge. Some slight traces of inflammation was found upon the peritoneal envelope of the pelvic viscera. Bowels fully distended by flatus, but of healthy color. To the left, and posterior to uterus, was found a large quantity of coagula; passing my hand along the posterior wall of the uterus, I soon discovered that I had arrived in the vagina, and by flexing the under finger the point entered readily into the os. By request, Dr. W. then introduced the right hand through the abdominal opening and posterior to the uterus, while the left hand was passed per vaginum, and announced that they met freely. Dr. R. then explored the parts, and admitted the laceration, which was found to be from four to five inches, the whole hand passing readily through the opening into the abdominal cavity, and occupied the part known as the posterior cul de sac, extending a little more to the left than the right side. The uterus was healthy in appearance and firmly contracted.

We should have been content with this simple report of facts, were it not that the attendant affirms the practice here pursued to be not only correct, and sustained by the books, but that the "sad occurrence might have occurred in the practice of the most intelligent obstetrician. We claim not for ourself half the years of experience that he has, nor covet in the least his professional acumen, but justice

to the medical corps, requires at my hand a full and unequivocal denial of the imputation, that a like "sad occurrence" would, by any possibility, have occurred to the least of those entitled to M. D.

We desire to notice a few of the most objectionable points pursued in this case, believing them unwarrantable, and condemned by all modern authority. We will not array our opinion antagonistically to his, but give the authority as we proceed.

1st. In face presentations (as in this) nature usually accomplishes the delivery, with safety to mother and child. The labor may be, and often is, somewhat protracted, but so long as the physical powers of the woman do not flag, and the uterus contracts with energy, manual interference is uncalled for and unjustifiable.

Denman states, "in face presentations the child will generally be expelled by the natural efforts, and the child is generally born without injury."

F. Ramsbottom says, "if the pelvis be good, and the pains strong, as a general principle face presentations need little or no assistance;" both of these conditions were present in this case, the capacity of the pelvis having been declared in her former confinement.

Churchill sums up the results of 344 cases of face presentations, 248 delivered naturally, 77 requiring (perhaps receiving) artificial aid. In this statement 80 cases of Dr. Boer, of Vienna, are included, only one of which received aid, and in that instance the forceps were used; mothers all recovered, and but three or four of the children lost.

Arneth.—In the July No. of the American Journal of Medical Sciences, is an extract of the report of Dr. A., made before the Edinburg Obstetrical Society, says of the Vienna Lying-in-Hospital, "that in 40 cases of face presentations, 35 children were born without injury to mother or child, no instrumental interference resorted to, and such had been the practice for 50 years.

C. D. Meigs, of our own land, and justly may we feel proud in the claim, talks this wise: "Face cases may be included among the natural labors, unless the powers of the woman fail," etc. And again he says: "Yet when we come to reflect that the female can expel the child (in face presentations) with but little more difficulty in this case than in vertex, it appears altogether proper to regard them as natural labors."

Chandler R. Gillman, whose valuable and deeply interesting lectures it was our privilege to attend, holds the following language: "In the progress of the case (face presentations) the chin is usually expelled first under the arch of the pubis, and nature accomplishes the

business unassisted. *It is neither necessary nor warrantable to attempt any alteration of the child's position in a face case.*

Do you, reader, believe in the practice of this venerated tutor of mine, that such results would have been obtained had the case been in his hands.

2d. When the head of the fœtus is firmly pressed into the superior strait, and the parturient pains are vigorous and frequent, are conditions that preclude us from attempting to turn in any case. We are not justified to compromise the well-being of the mother in the vain hope of saving the life of the child, by subjecting her, under these great disadvantages, to the risk of version, but to summon our own patience, and trust to the powers of nature, until unmistakable evidence of inability and exhaustion present themselves, when we should call to our aid the forceps, craniotomy, scissors, etc., and the delivery speedily effected. In support of these views we find Denman says:

"It will be proper to establish, as a general rule, *never to attempt the operation of turning the child while the patient has very strong pains.*"

Churchill.—"It is conceded by all authors, I believe, that the operation *must be postponed* (when the contractions are vigorous and the uterus closely contracted around the child) for a time, and means tried to soften the uterus and suspend its contractions."

Gillman.—"In certain unfortunate instances we cannot by our treatment stop the labor, when the fœtus has been impacted into the pelvis. Either of these conditions may prevent us from attempting to turn."

3d. We could not concur in their opinion, that the prostration coming on eight or ten hours after the anasthetic influence had passed off, and the patient appearing as well as could be expected after such a labor, was dependent upon the inhalation of chloroform. Had death ensued, it would have been charged to this "last best boon of God to suffering parturient woman," and the true cause been hid in the silent grave. But it was otherwise ordered, and we feel, at least in this instance, we have been instrumental in effectually proving the innoxousness of chloroform. Unfavorable symptoms, so far as my experience goes, concur with the published observations of Prof. Simpson, of Edinburg, and Drs. Channing and Warren, of Boston. "When they do arise, must follow immediately the induction of anasthesia, they may be fatal, or the bad symptoms prolonged for hours and days, but in no case can its effects remain latent in the body for eight or ten hours and then produce prostration.

FRED'K S. HURXTHAL.

Massillon, Dec. 26, 1856.

## APPENDIX NO. 3.

### REPORT OF O. D. PALMER, M. D.

ZELIANOPLE, Butler county, Pa., March 21, 1857.

Dr. JOHN G. F. HOLSTON, Chairman of Com. on Obs.—*Dear Sir:* In order to be able to respond to your "Circular to physicians," which I observe in the "Peninsular Journal of Medicine," published at Detroit, Michican, I have been to some little trouble to collect from my ledgers an abstract of my obstetrical practice. I have never kept a regular registry of cases, but in entering charges in my day-book, I have been in the constant habit of appending such notes as I judged might be useful for future reference, and as these notes were transferred to to the ledgers in posting, I have been enabled to extract a pretty correct synopsis, from this source, of my cases, which I willingly place at your service.

In submitting this *expose*, it would seem to me a suitable occasion to direct your attention to certain subjects connected with the practice of midwifery, which impress me as deserving from the profession more consideration than I have ever seen attached to them, especially as far as the life of the parturient female is concerned. I do not now allude to that deplorable sacrifice of life, resulting from the ignorance and recklessness of pretenders to medical knowledge, as well male as female,, who impose on the confidence of the unsuspecting, or are employed through the criminal economy of friends; and this sacrifice is far greater than I could ever have supposed, without the means of conviction afforded me by many years of observation. But I wish to invite your investigation specially to the fatal effects to the confiding parturient, caused much more frequently I fear than is generally conceived by the conscientious and skilful physician, *in transmitting disease from his patients at large*, and giving *infection* where he only wishes to give aid. Nothing, I am certain, could be more repulsive to the feelings of an honorable and humane accoucher, yet such I know has sometimes happened. If the attention of the profession generally was directed to the investigation of this subject, it is my sincere opinion, nay, my full conviction, that many of our *fatal epidemical child-fevers* would be found to have their origin in pre-existent or contemporaneous *epidemics* of erysipelas, scarlatina, cynanche maligna, or any disease dependent on erysipelatous inflammation, for its characteristic puerperal fever, or peritonitis, has prevailed twice, within my practice,

in twenty-five years, (and for many years I have seen sporadic cases of it,) but always simultaneously with some other epidemics, once with scarlatina, and once during an epidemic erysipelas, and nearly the only cases that escaped were those who had been attended by female midwives. The virus of an *epidemic erysipelas* is very infectious, and could hardly escape being carried by a medical attendant to the parturient woman.

I have been consulted in two cases very lately of peritonitis that proved fatal, where the inflammation was evidently erysipelatous; one the wife of a physician who had been attending cases of putrid sore throat, and the attendant of the other came directly from swabbing the throat of a child of the same disease. Two cases that appear evident to me I will relate, as illustrating the subject, and I will be done. They both were under my own cognizance.

Rev. S. Morton, a friend of mine, residing in Darlington, Pa., had his wife confined with her first child, about seven years ago, and in one week after her confinement an eruption broke forth, which was recognized as variola; she died of the small pox. She had not been from home for months previously. Her physician was attending the only case of small pox in the country, some ten miles distant, when his services were rendered to the woman.

I attended the family of Rev. L. Leake, in conjunction with Dr. Lusk, in scarlatina, some years since. They both contended that the scarlet fever was not contagious, and the Doctor cited as proof of his position, the case of a woman attacked with that disease in child-bed, though there was no case of scarlatina within many miles. The case proved fatal, and the Doctor acknowledged that he had went to attend her directly after lancing an abscess, and swabbing the throat, of scarlet fever patients. It was too evident for his incredulity. I must close. Excuse my hurried remarks, which I have not time to copy before the mail goes. Yours, fraternally,

O. D. PALMER, M. D.

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To Dr. Jno. F. G. Holston, Chairman of Com. on Obs.—*Dear Sir:* I am a native of Albany county New York, and received my medical education, in part under the instruction of the late Prof. T. Romeyn Beck, and at the "College of Physicians and Surgeons of the Western District," located at Fairfield, and have been engaged in the practice of medicine twenty-five years, in the place from whence I date, actively the first twenty years, up to 1851, when at that time

having had the misfortune to receive a compound fracture of the leg by my horse becoming unmanageable, and throwing me from a carriage while returning from a visit to a patient, I became a patient myself for several months, and have practiced less actively since.

Zelianople, and Harmony, but one mile distant, each containing about 400 inhabitants, since I have resided here have never had less than three nor more than seven (the present number) male practitioners in midwifery, and two female ones, whilst nearly every neighborhood has its *sage femme*, through the country. The principal practice, however, has usually been divided between myself and some one American physician, the others generally being German doctors, who have never gained the confidence of the women, not even of their own country, and have made many bad cases, such as leaving the placenta for several days. etc. The inhabitants of this country are mostly German and Scotch Irish, and their descendants, and twenty years ago seldom employed a physician in Obstetrics, unless given over by a midwife. At present physicians are generally employed when they can be gotten or afforded, especially by the American population. I have seen many cases of mal-practice, but there have been no prosecutions. What I mean by mal-practice is, such cases as applying the forceps and perforating the head before the os uteri was dilated, in an ordinary case, involving the death of child and mother, giving wine to support the strength in hemorrhage, without removing the cause, drawing away the umbilicus, leaving the placenta remaining for days, etc.

In looking through my ledgers, I find of such cases as I have added notes to, and can rely on as correct, 947.

About as many more obstetrical visits ante parture and post parture, without notes.

Of 947 cases, there were 479 boys and 468 girls.

The presentations were as follows, namely:

| | |
|---|---|
| Of the shoulder, and one or the other arm, in cases, - - | 7 |
| Where the umbilicus with the head presentation, - - - - | 3 |
| Where the placenta was attached over the os uteri, - - - | 3 |
| Where the breech presented naturally, - - - - | 31 |
| Where the knees or feet came first, - - - - - - | 1 |
| Where the face presented, all living, - - - - - - | 7 |
| Where the occiput was turned to the sacrum, - - - - | 10 |
| Where there were twins, - - - - - - - - | 11 |

Cases where the placenta was attached and retained by an hour-glass contraction so as to incarcerate it, and where I removed

it by introduction of the hand, - - - - - - 22
Cases in which I have given ergot with effect, - . - - 16
Cases in which I perforated the cranium of the child, once for convulsions, once from ruptured uteri. - - - . 2

Many of the above cases I saw secondarily, and should not have seen had they been natural. Of the two shoulder presentations that I saw primarily, the first made a spontaneous evolution, the head coming down with the arm while I returned to my office for opium, and the child was living. The second, very lately, and since I saw your circular, I effected *cephalic version*, and delivered with the occiput to the sacrum. The other five cases I saw from six to twenty-four hours after the liquor amni had been evacuated, and turned with great difficulty; in two of them during a hemorrhage that had caused syncope; the mothers all lived, the children all died.

Ergot has produced a powerful effect in every case in which I have given it but one, supposed to be rupture. It has been perfectly successful in every case of *placentia previa* where it was administered, causing one continued, persistent contraction of the uterus, thereby preventing flooding till all was delivered. In every case where I gave it a half hour only before delivery the children were dead, and in every case asphyxia; and in one case where there was obstruction in the pelvis, the patient was so convulsed with excessive efforts that I perforated the cranium to effect delivery, and safely to the mother. I only use it now, and for several years, in flooding following delivery, where I have always found it successful. When this flooding is apprehended from habit, I give it in decoction just before the child is delivered. I have only applied forceps where there was alarming hemorrhage, or great atony, or rheumatism of the uterus, and so far safely to both. I followed Denman, my text book, perhaps too faithfully for my patients' ease. I have attended one woman with breech presentations in three successive labors, though she had had ten children before; in all three labor ceased, after all was born but the head, for more than thirty minutes, and then required many pains to effect delivery; the last of them only was saved, and that by introducing and retaining my finger in the mouth during the intermission of the pain, allowing respiration *in utero*.

Might I not account for these three successive abnormal presentations, by an unusual developement and weight of the inferior part of the body while the fœtus was yet suspended by the umbilicus?

The only patient I have ever had to die undelivered, or on my hands, was one that I had attended several times previously—a woman ex-

cessively corpulent. When called the last time, she had been three hours in labor, and had a severe pain just before I arrived. When I examined the os uteri was two parts dilated, and she complained of much soreness on being moved; the pains ceased so long, and vomiting commenced, I gave ergot; no effect, vomiting and sinking continued though I gave stimulants. After waiting four hours, and no pains, and constant vomiting and sinking of the pulse, the head so high I could not apply forceps, I perforated and fixed the blunt hook, but could not succeed, while the patient expired. No post mortem examination; it is hardly ever allowed, and was not here in this case. Though the child did not escape, could it have been rupture? It was so supposed.

In the cases of adhering and incarcerated placenta, which, though they have never proved fatal with me, are at least very embarrassing, have generally occurred after the womb had been suddenly emptied, and left uncontracted. I generally endeavor to retard the expulsive efforts for a while after the head is delivered as a preventive.

If I can suggest any thing further, command me. I look to the American Medical Association with increasing interest as a friend to medical reform, and hope it may succeed in placing the profession on a basis so elevated that we need not blush to belong to it.

Yours, respectfully, O. D. P.

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ZELIENOPLE, Butler Co., Pa., March 28, 1857.

DR. J. G. F. HOLSTON—*Dear Sir:* A few days since, I forwarded to you, as Chairman of a Committee on Obstetrics, a hasty abstract of my practice, during some twenty years, in that department. On further reflection, it has occurred to me that I might advance the objects of your "circular," by intimating some of the commonest cases of bad or mal-praxis that have come under my observation. I may state, in this connection, that I am a friend to medical reform, and have uniformly refused to admit into my office, as pupils, all who were not liberally educated. Without having any connection with it, I have looked to the "American Medical Association," from its initial movement to the present time, with constantly increasing hopes of its ultimate success, in placing our humane profession on a more elevated basis, from whence its members may look upon themselves as dedicated to the relief of suffering humanity, and not, as some of the "pathies" seem to do, view the "ills that flesh is heir to" as a means

for their own relief solely, in repairing dilapidated fortunes. If a higher standard of education were made a pre-requisite to a studentship, in the future, those of the junior members of the profession who have commenced with fewer educational advantages, might be gratified to know, from the experience of others, that their determined efforts, though unassisted by teachers, might enable them to rank with the first, without prejudice to their enjoyments or business, and assist them to systematize their time. I could quote an instance, if permitted, in an acquaintance, who commenced his professional career with but a common English education, and who has become, by his own indefatigable and unassisted studies, whilst others were sleeping, intimately acquainted and conversant with the Latin, German and French languages, and the literature and best medical authors of each, whilst attending faithfully to an extensive practice at the same time. This would of course cause some intrenchment on the usual hours of sleep, which, however, most persons could habituate themselves to, without injury to either health or enjoyment, and with much advantage to their minds, and often preventing worse customs.

In the course of my experience as a medical practitioner, amidst all of the onerous and trying duties of a physician, in none other have I had either feelings or judgment so severely taxed; in none other does my responsibility weigh so heavily upon me, as in those situations where the life of an expectant mother—life most concentrated and interesting—is made to depend upon my knowledge, action, promptitude, skill and self-possession. During that period of maternal martyrdom, no attendant should be allowed to enter the apartment of the patient, whether in cabin or palace, that is not armed with sensibility and skill for every emergency. Yet how many, destitute of either quality, court such situations, from no other consideration than profit.

In the cases that follow, in all but one, I was called after the attendance of German practitioners, commonly called "Dutch Doctors," a *genus medicorum* that has lately been spread broad-cast over this region of country, more remarkable for their extravagant pretensions, cheap cures, and dislike of "thin potations," than for their propriety of conduct or skill, especially in surgery and obstetrics.

*Case* 1.—I was called to meet Dr. B., a German, who had been several hours in attendance upon a German woman in seventh labor. She had been delivered of one child two hours; when I saw her, she was speechless and insensible, with the shoulder of a second child pressed down into the pelvis, with the left arm protruding, and the

bed deluged in blood. The doctor informed me that he had been endeavoring, *for a whole hour, to stop the hemorrhage*, preparatory to delivering the woman, whilst he was sustaining her strength with *wine*, and *warm fomentations* to the abdomen. I succeeded, whilst he was relating the case, in arriving to the feet of the child *in utero*, and, grasping but one foot, had turned and delivered the woman before he had finished his explanation. The woman was two days unable to speak, but finally recovered.

*Case* 2.—I was called to a German woman, whose doctor was present. She had been delivered two hours, and was covered with a feather bed, and was fainted, and the placenta undelivered. On examination, I found *no cord;* I introduced my hand *in utero*, and succeeded in finding and detaching the adherent placenta, when the doctor remarked to the admiring female attendants, "hab ich ehr es nicht gesagt, das der herr Dr. *war starker wil mich*—es brauchts nur *starkheit:*" i. e. "Didn't I tell you that Mr. Doctor *was stronger than me?*—it only needed *strength.*" The doctor had *broken the cord* by drawing, an hour or more before, and had been trying to stop the bleeding, so that he could leave her when she fainted, and alarmed her friends into sending for me. She recovered eventually.

*Case* 3.—I answered the hasty summons of a female *in partum*, who was under the care of a third German Doctor. The woman was delivered of a second child, and expired, as I entered the house. On inquiry of the doctor and friends, I learned that the woman had been delivered several hours before of a healthy infant, and that the doctor had taken away the placenta without suspecting another child. A severe hemorrhage had followed the removal of the after-birth, which he had been endeavoring to stop, by administering *wine* and *warm camomile tea*, till the second birth, in the moment of death, had revealed the secret.

*Case* 4.—I rode in the night about ten miles, to meet the same practitioner, in the case where he supposed the placenta adherent. I found the patient a large, healthy and strong female, in articulo mortis, with placenta lying in the vagina. On removing it, a large quantity of coagulated blood followed the immediate contraction of the uterus, and she was no more. I learned the attendant had been awaiting my coming without touching the patient, till the womb was distended with blood, and she moribund. I gave this practitioner a work on obstetrics, and begged of him to study it, but fear he never will.

*Case* 5.—I was sent for to attend a German woman who had

been delivered five days previously, and left by her doctor without removing the placenta. She lay in bed, accompanied by a most intolerable stench. There was no difficulty in removing this body, which the doctor had not attempted, though he had visited her daily. I informed another medicus, a countryman of the first, who said that was nothing—he himself had left it eight days, without harm.

*Case* 6.—Some years since, on my return after a few days' absence at court, as a medico-legal witness, I was summoned in haste to a woman whom I had attended two years previously, and who had several children. I found a Dr. L. in attendance, who had been present some thirty-six hours. He informed me he had found the case difficult, and had applied the forceps without being able to succeed; he had then perforated the head of the fœtus, and lessened the cranium, and fixed the blont hook, still unsuccessfully. Several hours had passed since this last, and the pains of the woman had mostly ceased. On examination, I was astonished to find the os uteri not more than two-thirds dilated. I called the doctor aside, and informed him of this state of the case. He said this could not be; but on further examination was convinced, but said it had been opened and had contracted again—he had read of such cases. I waited several hours, when, by encouraging the patient, who had lost confidence in her attendant, the pains returned; and, when the uterus was sufficiently opened, the head came down without difficulty, and the woman was delivered without any untoward symptoms. Some three weeks after, I was called to see this woman, who appeared to have a hectic fever, and who died two days after suddenly, getting out of bed. No post mortem examination was made, but I supposed an abscess had been formed and ruptured internally. The physician was an American, of some twenty years' practice; he had been out of practice some ten years, and was just returning to it. I make no comment.

*Case* 7, *of possible effect of fright during pregnancy.*—I attended a woman in her sixth labor, who was delivered without difficulty of a dead fœtus, about two months previously to her calculations. The child was perfectly formed, in all respects but the head. The upper part of the cranium was absent, leaving the *dura mater* exposed,—the lower part of the head and face, as high as the eyes, well formed, but above the eyes, in a uniform circle, there was nothing but a membrane, enclosing the lower part of the cerebrum and the whole of the cerebellum. The woman was apprehensive that something was wrong before delivered; as, in the early part of her pregnancy, on returning from a neighbor's, she came suddenly upon her husband, who had

slaughtered a sheep, and had just removed the skin from the upper part of the sheep's head, giving it a very frightful appearance to her; she was so frightened that she screamed out at the time, and came near swooning. She was not disappointed in finding the child imperfect, which did not look unlike the *head of a sheep, in the state which alarmed her.* I have seen many slighter cases of markings ascribed by the women to frights, but this was the most extraordinary. Most women believe in the possibility of the effect of the imagination on the fœtus, and their *instincts* may account for *something*, perhaps.

O. D. P.

Post Scriptum.—I regret that time does not permit me to re-write and correct and condense the whole of this communication, but hope the errors and the careless style will be properly ascribed to haste in forming a mere draft. Any use that I can be to the committee, of which you are chairman, would be cheerfully rendered if known.

I am, with much respect, your obedient confrere,

O. D. PALMER.

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## APPENDIX NO. 4.

### REPORT OF J. H. STRICKLAND.

Grantville, Georgia, Feb'y 27th, 1857.

*Respected Sir:*—Having received the February number of the Peninsular Journal of Medicine, my attention was early called to a circular to physicians. I propose to answer as many of the questions in said circular as time and limited knowledge will admit.

Q. 1. I am engaged in the practice of obstetrics, and have been for five years.

Q. 2. I find, by reference to my note book, that I have had eighty five cases, of which there were five preternatural. In my practice, I find the proportion has been less than I had expected.

(Case first will give an answer to your third query, which is the only one I ever had, complicated with contracted or distorted pelvis, Oct. 12, 1853.)

March 12, 1854.—Was called early in the morning to Mrs. W., aged 21. Her general health was tolerably good; pains were short, and at long intervals, and had been so ever since 9 P. M. She is of medium size, nervous, and sang. temperament. Some excitement; pulse 100, and quick. Soft parts hot, and a little dry; mouth of the

womb dilated to the size of a ten cent piece, rigid and a little thin; bowels loaded. Ordered Ep. Salts and magnesia, to be followed by an enema of warm water—acted well. She complained very much of the pains. Two o'clock P. M., soft parts moist; membranes presented in the form of the finger of a glove, and one foot. She complained of thirst; I ordered effervescing draught, and an anodyne, to be repeated if she did not rest. It being near my office, I could call at any time. Six P. M., found her resting better; pains slow but regular. I now became regular in attendance. The membranes soon broke. The knee of the other leg presented. The pains became rapid and strong. Nine and a half P. M., she was delivered of a living child, with but little injury to herself or child, (a little bruised under one eye,) by applying two fingers of the right hand to the back of the head, and one finger under each eye; both did well. This was her first child; had miscarried twice at five and three months.

March 6, 1855.—Negro, aged 33. Was called at 10 A. M., in consultation with Dr. P. Pulse normal, os dilatable; the membranes were unbroken; the umbilical cord could be easily touched, and with some difficulty the umbilicus could be touched; the pains were short and ineffectual. Bled her and gave her a full dose of opii. Two P. M., quiet and sleeping well. Directed the opiate to be repeated, if necessary. Bladder was empty and bowels empty. Ten P. M., was summoned again to meet Dr. P. I had three and a half miles to ride,—when I arrived, the child had been born some time; it was dead; had died the day before; the skin would slip a little; it was born head foremost—why and how it happened I am not able to say, but one thing I well know, spontaneous evolution took place at some time within twenty-four hours.

Sept. 28th, 1855.—Age 35, seventh pregnancy; over medium size, and labored very hard, but lived well. This case was quite singular, and very perplexing to me. Early in the spring, March, I was summoned to see Mrs. B., late at night. She was and had been flooding for some time. She was quite feeble, at times fainting; had her placed upon a hard mattrass, and to my astonishment the bed was perfectly saturated, and her husband, seeing that it had passed through the bed to the floor, had become alarmed. Directed perfect rest, cold, together with opii. and sac. sat. every three hours, elevated her hips, raised the foot of the bed, and had her feet and hands dipped in hot salt water occasionally. Next morning found the hemorrhage light, but considerable disturbance, bowels loaded, etc.; continued the hot application to feet and hands, and also directed a acid-

litz powder every three hours until her bowels moved (omitted opii and lead); she lived near my office, and I saw her as often as I chose. In a few days she recovered some strength, hemorrhage ceased, and she returned to her regular business. Three weeks afterwards I was called to see her in a similar attack. The above course succeeded in relieving her. Finding much general derangement, her bowels confined, deranged stomach, I used cream tartar and magnesia in small doses with marked benefit. Mrs. B.'s general health remained much impaired up to the time of her confinement, suffering for the last two months from diarrhœa, and a troublesome cough.

Sept. 29, 8 o'clock A. M.—Spent a bad night; suffered from grinding pains all night, together with severe pain in right side, which was very tender and unusually hard, pulse 125, tongue dry, considerable thirst and some headache, os dilatable, other parts dry and hot, but not tender, bladder and bowels empty. Directed an anodyne, morphia, and warm fomentations to left side, fluid camphor per se. Being very feeble, she took wine and water at any time; repeated anodyne; rested some; pains grew harder and more frequent.

Two o'clock, P. M.—Os dilated to the size of a dollar, membranes unbroken, some hemorrhage, but a good collection of water and pains tolerably good. The right hip, *trochantor major* could be easily touched with the index finger; I remained at my post and cheered Mrs. B. as much as possible. I knew the position must be changed; she being in a position for me to use my right hand, I proceeded to relieve or aid the unfortunate woman. I gently introduced my right hand, soon finding the thighs flexed upon the abdomen, insinuated my index finger between the left thigh and abdomen, using it as I would a blont hook; but little effort was required to change it to a full breech. Mrs. B. complained of exhaustion, which I endeavored to cripple with wine and a hearty joke or two with the females present. Finding the pelvis spacious and the child small, I waited for nature to accomplish her part. At five o'clock P. M. she was delivered of a feeble female infant, (5 pounds) made more so by some pressure on the cord. I did as I always expect to do, applied two ligatures to the cord before dividing it. Soon learning there was another, and seeing the lady was almost exhausted, I continued the wine and directed a light anodyne, and at six o'clock P. M. left my patient doing tolerably well, with now and then a light pain.

Seven o'clock P. M.—Called again; (but before leaving the office I took the precaution to place a bottle of chloroform in the hands of my wife, with directions;) Mrs. B. was now desponding, but seemed

a little revived; found on examination a full collection of water, but could not learn what part presented. I could not expect everything to be abnormal, neither could I expect, under the circumstances, the membranes to assume the form of the finger of a glove if the hand or foot should happen to present, (I hoped for better times) nor could I think of letting my patient remain in her present condition long. The pains were slow, short, and of course inefficient. Were they throes from debility, or from the nature or position of the child in utero? As I stated above, the part presenting could not be touched, therefore I did not know what was the presentation or position; but one thing I well knew, and that was, my patient was very feeble and almost exhausted. Here I halted, and deliberately asked myself what my duty was, ever hoping by living faith, conscientious and cautious, so to live and act as not to bring disgrace upon the profession, and also be considered honorable among my brethren. It was too late to call a brother to assist, the life of my patient was in great danger from delay, and I felt it to be my imperative duty to hasten delivery. For the first time I gave my patient brandy and water tolerably freely, and during the next pain I cautiously ruptured the membranes; a large quantity of water escaped, to my astonishment; the right hand presented, and the pain forced the arm and shoulder low down in the pelvis. I lost no time in using a little oil on my hand and arm, and soon introduced my right hand. At the brim of the pelvis I found several folds of the cord, with which my hand became entangled.

The moment I learned what the presentation was, I sent a messenger after chloroform. The pains became much harder, and offered much more resistance than I had anticipated under the circumstances; Occasionally Mrs. B. had complained much of her left side, to which warm or hot cloths had been applied, and from which she seemed to have received some relief. About the time I introduced my hand she began to complain very heavily of her side, and had a slight spasm, probably from pain, probably from some other cause. The attendants became scared, one or two fainted, leaving no one to assist me except her husband. About the time the second spasm began I took my handkerchief from about my neck, folded it up, and directed her husband to unstop the bottle of chloroform, (at the same time I ordered the lady that handed me the bottle of chloroform, to drag the two that had fainted to the door, and throw some cold water in their faces, so as to keep them from fainting, thinking they might render me some service,) also directing him, after pouring a considerable quantity on the handkerchief to place it before her mouth. It required

considerable effort to keep her on the bed. By this time my hand was completely within the cavity of the womb, and very much cramped. She soon became quiet under the influence of the chloroform. I took hold of her hand, found her pulse quite feeble, but guided the administration of the anæsth by it, together with her breathing. As soon as I could I reached the fundus, where I found one of the feet, which proved to be the left. Suspended the administration of chloroform. The hand seemed to be a great stimulus to the organ, and the pains were tolerably hard; I made moderate traction with my right hand, because I was not able to do otherwise. The pain that turned the child delivered it all but the head; she was getting from under the influence of the chloroform, and I delivered the head with comparative ease, the placenta following, as the next pain came on, as I delivered the head. The child was dead, or still born; I did but little for it except to give directions. The hemorrhage was sudden and abundant; I counted it a let, and lost no time in introducing my hand again into the womb. Placing my left hand upon her abdomen, I began frictions externally, and filliped the inside by opening and shutting my hand; after some length of time, the last spark seemed to kindle. She took some brandy and water; pains came up. I had her head pulled off the bed, and held in a very low position, some high blocks placed under the bed legs at the foot, while I continued friction externally and internally. Brandy and water was given freely, ammo, wine, &c.

The child was dead. I did not leave my patient until seven o'clock A. M. Keeping an eye to general principles I ordered brandy, wine and water as a common drink, hands and feet in hot salt and water every four hours, and also two grains of opii every four, five, or six hours, according to circumstances. I now knew from all appearances that Mrs. B. had child-bed fever. I spent the day with her, and part of the night, continuing the above course.

September 30th, 8 o'clock A. M.—Pulse feeble, frequent and quick, tongue dry, abdomen swollen, severe pain on left side; she had dozed some; continue wine and water, also 2 gr. oppii every five hours, linseed meal poultice wet with turpentine to the bowels, raised her head some, continued hot bath to hands and feet. She had passed some urine.

October 1st, 9 1-2 o'clock A. M.—Pulse slower and fuller, rested better through the night; continue wine, poultice of meal and turpentine, opii and hot baths; also ordered some gruel to be given. The discharge is now very offensive.

October 2d, 10 o'clock A. M.—Rested better through the night,

raised her head higher, had passed a full quantity of urine; found her bowels moving gently, without much pain and not so tender; she talked some, pulse one hundred and ten; continue wine, poultice, gruel, 1 1-2 gr. opii every six hours.

October 3d, 8 o'clock A. M.—Rested well through the night, bowels soft, not swollen much, discharge purulent and offensive, passed water with but little pain; continue wine, poultice and opii; took out the blocks, ordered vaginous injections of milk, water and a little soda (tepid).

October 4th, 8 o'clock A. M.—Rested tolerably well; pulse 110, bowels moved twice, passed water, and some little appetite; continue wine, poultice, opii, vaginous injections, and give a little chicken soup.

October 5th, 8 o'clock A. M.—Did not rest well; some diarrhœa and considerable pain, pulse quick, pain in the head; I ordered a pill of bue mass, sac. sat. and morphine, together with oil cinnamon and paregoric every three hours; wine, gruel, poultice and vaginous injections continued.

October 6th 11 o'clock A. M.—Rested well; bowels controlled, secretions much better, pulse ninety, bowels soft, some appetite, discharge less offensive, no secretion of milk; continue wine, vaginous injections, occasional poultices to bowels, alternating with lard and sweet oil; directed soup and an anodyne.

October 7th, 10 o'clock, A. M.—Rested well; continued the above course for several days. She recovered, and is now doing well. I see the little girl nearly every day.

October 12th, 1852.—Aged 28 years, third confinement (negro). Health tolerably good; suffered from chorea from time to time.

Nine o'clock P. M.—Pains were short and at long intervals, and had been so for the last 20 hours; os dilating, but did not think it her full time by two or three weeks. Had taken oil. Directed an enema, had her feet dipped in hot water, as they seemed too cold; bowels moved twice; directed an enema of laudanum and water, (100 drops to gill of water) pains began to cease, and she rested some in the latter part of the night. Os not dilating, and *high up;* found the pelvis contracted at the brim, membranes were unbroken, and some collection of water. As the pains came up after examination, I again ordered an enema as above.

October 13th, 7 o'clock P. M.—Some pain all day; now becoming stronger and more frequent, found the os dilating a little, soft parts relaxed. There being more than ordinary nervous derangement and too much restlessness, I ordered a full dose S. Morphia. She be-

gan to dose, and I retired for the night; pains continued at intervals through the night.

October 8th, 9 o'clock A. M.—Pains irregular but strong. Os dilated to the size of a dollar; good collection of water, bladder full. I could now with some difficulty touch the part presenting, which was the right ear. Ordered warm fomentations to the bowels, and directed the patient to evacuate the bladder if she could, which she did in a few minutes. Having given an enema of warm water to move the bowels, I took all things into consideration; having no forceps, crotchet, etc., I thought it best to change it to a foot presentation in due time. Finding the mouth still dilating, soft and thin, I introduced my right hand with comparative ease; the membranes were still unbroken, and found it an easy matter to move the child; the face turned turned a little more toward the sacrum, and in the absence of pain the head glided into the palm of my hand, and in withdrawing my hand a little I found the vertex could be made to present. During the next pain I withdrew my hand gradually, the membranes broke, and the head became partially engaged in the brim. The vertex now presented, and I felt much relieved; pains were strong, but the head did not advance. Finding the os uteri soft and perfectly dilatable, my patient seeming feeble, and the head appearing large compared with the pelvis, I determined to use an infusion of ergot, and in less than one hour she was delivered of a fine boy, weighing eight pounds, and both done well. Her other children were small. I learn she has since been delivered of another healthy child, ergot being used and both done well.

This is an answer to the third query. I will answer a few more as soon as time will permit. J. H. S.

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Grantville, Georgia, March 20th, 1857.

Answer to 4th Question.—I have employed ergot but three times in difficult labors.

*Case* 1.—Slightly distorted pelvis, (brem.); child was not still-born; both mother and child did well.

*Case* 2.—W., aged 26; small; first child; health bad. A midwife had been with her a night and day; her officiousness caused the membranes to break. Two days after the midwife broke the membranes, I was called to see Mrs. L.; pains seldom and feeble; used ergot as a last resort, except mon.; child and placenta came together; it was still-born; both did well.

*Case* 3.—W., aged 42; child small, delicate; health good as could be expected. Had flooded very much with her last children. She had been in labor thirty hours; pains slow and short; considerable obliquity of the os uteri; used ergot, (inf.), child was not still-born; she did not flood much, and both did well.

My observation is quite limited on the subject. I am of the opinion that it increases the number of still-born children, diminishing the chance of recovery fifty per cent or more.

Fifth Question.—I have seen several cases of child-bed fever, and treated eleven during five years practice. The most of them occurred during 1855. I have seen and treated quite a number of cases of crural phlebitis, male and female. I have seen but few cases of puerperal convulsions.

Out of the eleven cases of child-bed fever, four died and seven recovered. Some of them received timely treatment, and some of them did not. Here let me state, that a country practitioner labors under many disadvantages that are unknown to many physicians in large villages and cities. The disease is obscure, rapid, and generally unknown to common people. The name is a terror to them, but the lion may be fed in the most of their houses without being seen. I cannot find time and space to give a full history of the several cases, but will give a history of as many as I can, together with my notions as to the general treatment.

*Case* 1.—Negro, aged seventeen years and six months; first child; was attended by a stromp of a midwife. Her labor was not long; the midwife said she was doing well. Six days after her confinement some small blood-vessel, vein or artery had been ruptured, during labor in the labia majora. This was the exciting cause of child-bed fever in this case. June 15th, 8 P. M.—Pulse 130, breathing 36; tongue dry; abdomen very much swollen and hard, complained some on pressure, per vag. ex.; discharge very offensive and thin; labia majora sloughing some; had passed but little urine that day, but bladder was empty. In short, I marked my patient among the dead; the time for bleeding had passed. She had had diar. for two days, which had relieved her some. Scarified the labia, but did but little good; also, scarified each iliac region; used tepid injections (vag.) of soda and gum acacia; ordered a large poultice of corn meal and turpentine to bowels, to be repeated at intervals of five or six hours; feet and hands to be dipped in hot salt and water occasionally, say once in four or five hours; also, ordered 20 gr. cal. and 10 gr. gamboge, divided into ten pills, two to be taken every two hours until

full purgation took place, or all given. Retired for the night; medicines acted well on the 16th, with some relief.

June 17th, 9 A. M.—Rested some, but little change. Continued poultice, hot foot bath, also soda wash and injection; ordered cal. 2 gr. op. 1-4, and ipe 1-2 gr. every two hours; also, mixt. tus, Am. and wine whey.

June 18th, 10 A. M.—Found my patient dying.

*Case* 2.—Mrs. S., aged thirty-one years and six months, child quite large. Aug. 3d, 3 P. M.—She was large and of good constitution. The time had passed for bleeding when Dr. S. saw her, on the 1st; gave gam. and cal. as above, poultice, &c. She was now under the second course gam. and cal. and poultice, and continued.

Aug. 4th, 4 P. M.—Pulse 130, breathing 35; tongue red and dry; bowels moving too free; urine scant; eyes glassy; hearing difficult; yet her bowels were softer, more discharge. Ordered large doses of turpentine every three or four hours, and alternated with opii. cal. and ipecac, as in the case above; continued poultice, vag. injections, as above.

Aug. 6th, 8 A. M.—Patient much better than could be expected; pulse 110; skin acting well; rested much better than night before; took some gruel, soup, and wine and water; discharge abundant; hearing better; could rest on either side some, and talked rational. Continued the same course at longer intervals and smaller doses.

Aug. 8th, 9 A. M.—Patient still mending; secretions all on the increase,—milk, urine, &c. She convalesced under the use of turpentine, cal., opii., &c.

*Case* 3.—Aged 16 years and 10 months; Mrs. A. delicate and small, first child. Scarlet fever was raging at the time of her confinement. She had scarlet fever, or was taking it, at the time of her confinement.

Nov. 16th, 6 P. M.—Had suffered severe pain for two or three hours; bled until she fainted slightly. Ordered a full dose of cal. and opii. 10; C. 1 1-2 gr.; also, linseed and turpentine poultice. Watched her all night, rested but little; there were several sick in the family, of scarlet fever.

Nov. 17, 8 A. M.—Pulse 125, ab. tumid and very tender; tongue dry, thirsty; had two small moves on bowels; passed but little urine. I became nurse and physician both, and remained with my patient. Cal. 20 gr., gam. 8 gr., made into ten pills, two every two hours; six were taken, full catharsis come up; continued L. T. P. renewed at in. of four and five hours; used tepid milk and water vag. injections, to

be repeated at intervals of five and six hours. Thirst was great through the night; pain was not so great; patient slept some, drawed off water once through the night.

Nov. 18th, 8 A. M.—Patient quite feeble, bowels moving too free; had given two full anodynes through the night; also, used the hot salt and water baths to feet and hands through the night.

Nov. 18th—Pulse feeble and frequent; tongue dry; ab. sec. very much. Ordered poultice F. M. T., vag. inj. tepid soda and gum water (five or six) both to feet and hands, and give three portions of morp. and cal. through the day; drew off urine, and also gave a little toast water and gruel through the day; repeated anodyne through the night; patient rested but little through the night.

Nov. 19th, 8 A. M.—pulse 125, breathing laborious; throat quite sore and sw. more restlessness, secretions all scarce, together with general aggravation of symptoms; drew off urine; continued L. M. T. bath, vag. inj. During the day there was nausea, vomiting, and a very severe diarrhœa; difficult hearing, dimness of sight. Blistered throat with Tissue; used wash to throat inside, diluted acetic acid, every five hours. Ordered 12 gr. B. M., 1 gr. morp. and 6 gr. sac. sat, made into ten pills, one to be taken every three or four hours, with a teaspoonful of paregoric and oil cinnamon. Six doses were given, at intervals of three hours; bowels controlled; rested some little towards morning, after taking some wine and water.

Nov. 20th, 8 A. M.—Pulse very feeble and frequent; tongue dry, thirst; secretions scarce, used catheter poul, F. M. T. bath; the soft parts began to slough; used tinct. myrrh and laudanum in the vag. injection. The capillary cir. being very feeble in the skin, I gave minute doses of opii and calomel; used wine and water more liberally than I had up to this time; also, continued diluted acid to throat, together with warm fomentations. Rested some through the night.

Nov. 21, 8 A. M.—Still very feeble, but disease seemed to be arrested to some extent. Secretions some better; used catheter, continued poultice baths, soda wash, vaginal injections of myrrh and laudanum, acid gargle, warm fomentations to throat, alterative doses cal. with minute doses opii. and ipec., wine and water, (port), chicken essence and milk and water (lime.) Urine become more abundant; used the catheter again at six this evening.

Nov. 22d, 8 o'clock.—Rested better through the night. There seemed to be great need of some calorificient and se. I commenced the use of Turp. Nix., comp. Gum Sago, Cor. Am. Lan. c. s. Turp. and Laud., small dose every four hours, intending to alternate with

minute doses of Cal. and D. Pwd. 1-2 gr. C. to 1 gr. D. P. Continued poultice at longer intervals, bath to feet and hands, soda water, and vaginal injections. Gave soup, and also wine and water; bowels moved twice, after third dose turp. mix. Skin acted mildly, and patient rested well, comparatively. Syrp. Turp. gave two doses camp. D. P., with a view to the anodyne effect. Spent a better night, and passed a full quantity of urine, with less pain than could have been expected.

Nov. 23d, 8 A. M.—Some little appetite; used poul., bath, wash, vag. inj., and occasionally using turp mix. camp. water, at intervals through the day, wine and water, soup, &c. This course was continued up to the 27th. The system was saturated with mercurial, and I waited.

November 27th, 8 o'clock, A. M.—By this time there had been considerable change in the strength of the patient, other things being equal; considerable hemorrhage came up; the uterus appeared too large; suspended the wine and water; ordered tincture of ergot (25 drops to gill of water) every four hours, alternating with alum water, ginger, tincture of cinnamon and laudanum, 3 g. tt, 6. I am indebted to the learned Prof. Meigs for the use of the above in the place of the ordinary sac. satt. and opii. The above had a happy effect; the uterus disgorged itself; used warm fomentations and camphor and water in the early part of the night to control to some extent the pain excited. Morning found my patient much better, and from that time my patient began to convalesce, which was very slow. I wound up by using iodide potassa and sarsaparilla. This was my wife, and the minutes would make it very long—having nursed her. I could give the outline of each case, but time and space will not allow, I fear.

*Case* 4.—Mrs. B. aged 20 years, first child. A midwife was with her; she done well up to the seventh day; washed with cold water, and had a chill, which lasted some time. 24 hours afterwards I saw her; bloodletting was out of the question; left leg was very large, so was her abdomen. Salts had been given twice the night before and oil in the morning. This was 11 o'clock. Bowels were now moving very freely; ordered my hobby, poultice, soda wash, together with milk and water injections, all to be repeated every four or five hours; hot cloths out of vinegar and water to lay for half an hour, and the above poultice alternating with hot cloth and poultice at intervals of four and five hours; also, ordered six doses cal. and ipecac, (4 gr. cal. and 2 gr. ipecac in each dose) to be repeated every two and a half or

three hours. Did not see her until late the next evening. She took the anodynes the night before, and rested some; her bowels had moved some, less pain, &c. Continued poultice to abdomen and leg, together with hot cloths, wash and injections; also cal. and ipecac in small doses, and two anodynes for the night. Found her salivated on the next day, and left her in the hands of a good nurse with some general directions. She had been badly salivated once before, which was of benefit to her in this case. The other cases were treated like the third, yet not at the same length, each complication, too, excepted. One I gave the treatment in my first communication; out of the 11 four died and seven recovered, and with the exception of the cases stated and the one I am yet to give, which will make six, the remaining five occurred in the same fall, one right after the other, seeming to be epidemic.

*Case* 5.—Negro, aged 26; had had two or three children and was then in the sixth month of gestation.

April 14, 1856, 9 o'clock P. M.—Had been struck in the morning with the handle of a well roller on the right side, while drawing up a bucket of water. Her mistress had given her a large quantity of laudanum through the day, with some relief; she was suffering great pain in the side that received the blow, pulse 130, breathing very frequent; bled her until she complained of faintness while on her back in bed; found bladder full; used cathartic, warm fomentations, hot foot and hand baths, and gave her two or three grains opii; applied mush and turpentine poultice, and directed another dose opii, two gr. every five hours; afterwards retired for the night, and to get a little sleep, as it was then nearly day; left patient resting soundly.

April 15th.—Ordered poultice continued, and two gr. opii every four or five hours through the day. Called at 7 P. M., and found patient complaining very much; opii had not been given as directed, her mistress thinking it would kill her. Bled again, used cathartics, and gave a large dose of opii; watched patient all night, and used the opii throughout the night. She had had no action on her bowels since the injury; continued poultice and bath. Finding my patient completely under the influence of opii, pulse 110, breathing 18, bowels very hard; left at 10 o'clock A. M.

April 16th.—Resting tolerably well; left full portions of morphia and Dover's powder, to be given at any time when she complained of pain; continued opii, bath, and also directed her bowels moved at 3 in the evening if she was free from pain, by using enema of tepid water; a large quantity to be used at a time, but about noon they began

to move, in fact she was then so much under the opii and morphia that the operations were almost involuntary. There was one thing I well knew when I left, and that was I had succeeded in relieving pain, one element of disease; saying to myself I had been and was an enemy to pain. I thought if my patient remained in the condition of a hog or lower animal there would be more chance.

April 17, 8 o'clock A. M.—Patient rested through the night, pulse 110, breathing yet affected by opii, bowels soft and moving some, and resting quite well; continued poultice; ordered gruel, neutral mixture, and small doses calomel and Dover's powder. In a few days my patient was up, and although the fœtus was killed, she went on to full time before the foreign body came away. She is now hearty, and will be confined in a few months, say three, or less.

Case 1st was caused by the injury done to the soft parts, ruptured blood vessel in the labia, and injured perineum. The second case might have been caused by the shock or injury done to the whole system during a long and severe labor, together with the injury done to the soft parts, (the child weighed fifteen pounds after it was dressed,) combined with the chances common to all lying-in women. Case third, scarlet fever. Case fourth, by washing in cold water. Case fifth, by a blow from a well handle. Case sixth, which was the case of twins in my first. Case seventh, had measles and pneumonia combined, which I see by my note book. The fourth, instead of fifth, being in the same region, and caused by the same epidemic influence. Three I attended myself, and one was in the hands of a midwife. Here let me say that this monster among diseases is dreaded by me, and my fight is a feeble one; with this acknowledgment I hope you will excuse me for making a few simple remarks. All the old writers that refer to the disease, felt that it was a great terror to women, many seemed to bite at the root a little. Sydenham speaks of changes in the atmosphere, etc. Many others make similar references. Gordon is as bright a man to the junior practitioner as can be found in the healing art; Meigs, Hodge, Simpson, all stand high among the living. Blood letting is the *Pandora's box* out of which most, nearly all good may be expected in isolated cases, if practiced in time. But here we seldom see them in time to do any good, comparatively speaking. I know of but one out of the eleven in which I am certain blood letting done much good, and that is the windlass case. I am on the side of opii, if timely applied; I mean in the early stage, one or two hours. I am forced to think that opii is adapted to the epidemic cases; I think the physician is doing well to relieve pain, one

element of disease. The cases seem to be typhus or typhoid. In the isolated cases, such as we usually have, if a few hours have passed before bleeding is resorted to, 20 or 25 gr. cal. and 8 or 10 gr. gamboge, made into 8 or 10 pills, and two given every one and a half or two hours until full watery discharges come up, is the best mode to obtain relief and shorten the disease. Turpentine is a good preventive. I am vain enough to think that I can tell the fate of the unfortunate sufferer as soon as the medicine has had time to act, and I have seen many cases treated thus by Dr. S., who lives near me, of thirty-eight years experience. I mean shortened and recover, after the bleeding period had passed.

There are one regular and nine or ten irregular practitioners in this region, the most of them doing practice; one, a strump of a midwife, does a heavy practice. With this I remain,

Your obedient servant,

J. H. STRICKLAND.

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## ADDITIONAL REPORT ON MICROSCOPES AND MICROSCOPY.

BY JOHN G. F. HOLSTON, A. M., M. D.

Though the invention of the microscope dates back to three centuries, and though even the compound microscope has been known since the last century, yet, on account of its many imperfections, it was more a philosophical toy than anything else. True, it told its votary of a mass of living organisms that he had little dreamed of. It peopled earth, air and water, yea, almost fire, for some of these organisms are found in nearly boiling springs and at the crater's mouth, so as in a manner to realize the alchemist's dream of elementary sprites. The *form* of the blood, of hair, and some other portions of animal and vegetable organization were discovered by it. But yet the views it gave were so very different from the sight of the unassisted eye, and so very inferior, except in point of *size*, that the *imagination* of the observer had as much to do to give shape and color to the things observed as his sight, and as a means for exact investigation it was pronounced worthless. In the beginning, however, of this century, the attention of philosophers, at the same time *practical* opticians, was again directed to the microscope, the causes of its deficien-

ces discovered, and a remedy so fully applied that the microscope may now be considered one of our most perfect philosophical instruments. These faults were spherical and chromatic aberration, with a deficiency of light. The first distorted the image, the second would tint it with false colors, and the third render some of the darker and more faintly marked parts dim or altogether invisible. The invention of the achromatic object glass did as much for the microscope as for the telescope; but these strictly after matters concern us no further as physicians, than merely to know in what the excellence of an instrument consists, where he may obtain one, what price to give, and how to obtain instruction in its use. Each of those matters we will consider separately, and plead for an excuse that the profession of Ohio, in the hurry of active practice, have undoubtedly had but little leisure to acquaint themselves with the microscope. We have received but one reply on this subject, couched in two or three lines, to more than a hundred circulars that we addressed to individual members of the profession, as well as copied into several medical journals, though it must be evident to any one watching the direction of progress, that microscopy and organic chemistry *do now*, and must for some time to come, constitute the basis of that scientific progression. The medical man wishes more particularly to become acquainted with the minute structure of the *human organism* in health and disease, its tissues and its fluids. A microscope for this purpose must possess in a good degree the following qualities.

1. A frame carrying the optical parts strong, simple, convenient, and not liable to get out of order.

2. Glasses (eye-glasses and objectives) combining with *sufficient* magnifying power, the qualities of perfect definition and penetration. A *very high* magnifying power is but seldom needed; 640 times linear diameter is about the highest employed in Hassall's microscopic anatomy, and a slight inspection of the plates will prove that all the features of the objects represented could be as well seen, if but *half* the size, (320) provided they were shown *clearly*, and *strongly defined*, with sharp outlines, and free from adventitious coloring and mistiness. A quarter inch objective is sufficient with proper eye-glasses to give that power. Even these powers, however, are *seldom* needed, the arrangement of the capillaries, of fibres, etc., is, in the natural tissue, as well as in injected preparations, much better seen by lower powers; as they give a larger field, and allow us to survey the connection of parts more perfectly. This may be attained by an objective of one focus, by which powers ranging from 40 to 120 may be obtained, and

as *still lower magnifying* is *sometimes* useful, as well as to possess a means, without much trouble, to raise the power with the same glasses, it is desirable to have a draw-tube with an erector fitted into the end, by means of which with the one objective and two eye-glasses, powers ranging from 3 to 120 may be obtained without other trouble than merely drawing the tube.

It is the boast of the best English manufacturers that their microscopes will show as much, with a power of 200, as those of their French neighbors with 600. This boast to some degree is true, and depends upon superior definition. To define well the microscope must be perfectly achromatic, and free from aberration. The first is known when the object, as well as the field or disk of light upon which it is represented, are perfectly free from adventitious coloring when used with direct light. Is there a colored outline to the object, it is the objective that is at fault. Is there a colored ring around the field, that is produced by the eye-glass, and such an instrument is comparatively worthless. The worse, if the outline of the object appears distorted toward the edge of the field, though it shows its proper form in the centre; this is chromatic aberration.

By penetrating power, different authors mean two very different things. The first call penetrating power that quality that allows us to look *into* the structure of bodies submitted to the microscope. The second mean by it that quality by which *faint* markings are perceived, thus identifying it with the penetrating power of the telescope, by which distant nebula and faint stars are brought into view. This last quality is produced by a large angular aperture, and may exist independent of the others. An objective may possess a large angular aperture, enabling it to collect a large bundle of rays, so as to show by the mere impression of a great mass of light upon the retina, objects altogether invisible by less light. Thus a 1-4 objective of 100 focus aperture, will show some faint lines upon certain atoms invisible with one of 75 focus, and yet so distort the outlines of the whole object by spherical and achromatic aberration, as to give a very imperfect idea of its real form and general structure. Besides, the larger the angular aperture, the nearer must the objective be brought to the object, and the more difficult is it to arrange the focus right, for it is evident that the effect of a slight change in the distance must be in proportion to the whole distance; less, though, in low powers than in high, as well as in proportion to the angular aperture. Indeed, with objectives of very high angular aperture, only the *precise plane* that is *exactly* in focus, can be seen definitely; all else is misty; so that this one is

confined to mere surface marking. The anatomist and physiologist, however, want to see not only a single plane, but the *structure* of the object, and therefore a little within as well as beyond the focus, which is, for the reasons already given, incompatible with the highest angular apertures. This quality, then, is very *improperly* called penetrating. It is, in fact, its very opposite, and should rather be ranged under the head of defining power; it is more properly called resolving power, for which a considerable degree of light as well as perfect correction is wanted. An objective, therefore, perfectly corrected, and possessing but a moderate degree of angular aperture is most desirable to the medical man for common use. If his means allow he might indulge himself in the luxury of an objective of the highest powers, say 1-1200 or 1-16 where that quality is indeed the principal desirable one, and may serve to finish out with minute tracings the grand outlines he has previously discovered. The highest magnifying powers, as well as the medium, with very large angular apertures, of course can only be used with transparent objects, seen by transmitted light, for opaque ones receiving their illumination from above, they are useless; and those objects constitute a large portion of the field surveyed by the medical microscopist.

England, France, the United States and Germany, have vied with each other in the production of microscopes, in each country only a *very few* makers have obtained comparative excellence. France and Germany furnish the cheapest. England and America the best. The German instruments are as yet comparatively unknown; they are quite so to the writer, but are said to be intermediate in price and quality.

In France, Oberhauser, Nachez and Chevalier; in England, Ross, Smith, Beck, Powell, Lealand and Pilscher, and in America, Spencer and Grunow have hitherto carried the palm. The English microscopes are so greatly superior to the French in correction, angular aperture and convenience of mounting, as to entirely distance them when placed in juxtaposition. Yet many of the latter perform reasonably well. They are the instruments by which the greatest microscopic discoveries have perhaps been made, and the lowness of price (less than half the price of English instruments of parallel character,) made them worthy of consideration till within the last few years. The three French manufacturers named stand so near on a level that it would be invidious to distinguish among themselves.

Great and palpable as is the difference between the French instruments and their English competitors, the rivalry between the English

and American ones is exceedingly close. Setting aside all national predilections of which the writer feels conscious as an American, not from birth but from choice, simple truth compels him to award the palm to the American opticians. Mr. Charles A. Spencer, of Canastota, New York, in his highest objectives, the 1-12, 1-16, 2 1-18, in which he has obtained an angular aperture of rising of 176 ——, thus almost approximating to a plane, at the same time *most perfectly corrected*, certainly stands unrivalled in the world, and this seems to be almost, we would hardly expect quite, admitted by our transatlantic cousins. I regret Prof. Paton, Spencer's partner, did not furnish me, according to promise, with the results of the investigations of a committee lately in session in Edinburg for the investigation of those claims. I have personally examined some of his lower power, and find them of real excellency. He makes objectives of three different classes; his prices for the best are perhaps somewhat in advance of the best English. Mr. Julius Grunow of New Haven, Connecticut, has entered the Arena of contest comparatively recently, but has already attained a very marked eminence. In the manufacture of the very highest objectives above the 1-8 he yields the palm as yet to Spencer, and *very slightly* to the best make of the four great English firms; but up to that, claims, and the writer believes justly, full equality, at prices one-third less. This maker also furnishes a second class of objectives, *as perfectly corrected*, but with less angular apertures than the first, and it is these that I deem the most worthy of consideration for the physician, more particularly that one marked in his catalogue No. 1, being a frame cheaply but efficiently constructed, bearing objectives of 1 1-4 and 15 ∘ | ∘ focus, and 65 ∘ | ∘ respectively angular aperture. This instrument costs about $55, and is vastly superior to any of the French instruments sold here at from $75 to $100, and is by me considered the *very desideratum* for a medical microscope. The one here exhibited is of that kind.

To use the microscope efficiently much practice is required, but the labor may be very greatly shortened by having proper instructions on that subject. There are many text books of microscopy published on the continent of Europe, but I shall refer here only to Auckett's great work published in England, Wythe's Microscopists Manual published in our own country, and Carpenter's late production, the Microscope and its Revelations, republished here with an appendix by Prof. Smith, containing the application of the microscope to pathological investigation. The last is decidedly the best for our use. It is ample in its details, well illustrated by figures, and the pro-

duct of a mind going out in that peculiar line of research in which we wish to advance, and the admirable appendix of Prof. Smith doubles its value for that purpose.

Auckett is too technical, written apparently more for the microscopist by profession, contains, therefore, many things to us irrelevant, and omitted others, concerning which we would desire information. Wythe's little work, though cheap, is the least valuable. Made up from Auckett, the selections are not always judicious, i. e., while purporting to be a book for the amateur, and perhaps a beginner, the only microscope which it describes and gives a plate of is one of the most expensive of English manufacture, and the only firm noticed as sellers of French microscopes is that (a very excellent and not to be surpassed one, by the by,) of M'Allister & Brother, in Philadelphia, when that class of instruments may be found in the shops of all the leading optical and philosophical instrument sellers in the country.

The chairman of the committee having more particularly devoted himself to the investigation of the claims of physiological and pathological microscopy. I herewith conclude my few practical remarks, referring to his more extended and valuable paper.

JOHN G. F. HOLSTON.

"C."

# DR. W. W. DAWSON'S OBITUARY REPORT.

*(Manuscript not received by Committee on Publication.)*

"D."

# REPORT OF COMMITTEE ON OBITUARY,

BY

R. THOMPSON, M. D.

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## BIOGRAPHICAL SKETCH OF THE LIFE AND CHARACTER OF DR. MILTON GREEN.

In the performance of the melancholy duty of recording the life and character of departed friends, we are beset with difficulties. First in procuring from reliable sources the materials proper, to be elaborated into form. In the second place, that of so using the material as to escape the besetting sin of the biographer—exaggeration of their merits—which, while it cannot benefit the departed, may be fraught with evil to the living. Because, if biography be valuable at all, it is so by presenting traits of character worthy of imitation, in the estimation of the good and the wise; and hence should be a true picture. If vice be exalted into virtue, and held up as worthy of imitation, so sure as effects follow causes, as surely will evil result to the rising generation, from false or untruthful biographical sketch of character.

To escape the possibility, therefore, of error as regards our deceased brethren, (towards whom our partialities, from what we have personally known of them as members of this association, would induce us to use strong language of commendation,) we have deemed it best to submit, as most worthy of record, life sketches drawn up and published in the communities in which their loss will long be deeply deplored, and by friends who best knew the purity of their characters and the value of their lives.

From Dr. Hoover, Dr. Green's preceptor in medicine, we received the following, in reply to a letter of inquiry addressed to him upon the subject:

"BARNSVILLE, Belmont Co. O., May 27th, 1857.

"*Dear Sir:* In reply to your letter respecting the late lamented

Dr. Green, I would say that I knew him well, and knew him but to love him. He was my pupil—one I always felt proud of. The Doctor located in Antrim, Guernsey County, Ohio, in 1840, barely turned of his 21st year. Notwithstanding he was so very young, and surrounded by aged practitioners, he in a very short time established an enviable character in his profession. By his candor, integrity, and gentlemanly conduct towards his professional competitors, he soon gained their confidence and esteem. In his professional duties he was prompt, energetic and decisive; at the same time affectionate, tender and sympathizing.

"In 1845 he located in Cambridge, in the same county, where his field for usefulness was more extended, and where he stood at the head of his profession up to the time of his death—(untimely I must say)—which was caused, doubtless, by the neglect of his own health, in the ardor of his feelings for his friends.

"Very truly yours, J. HOOVER."

In the "Guernsey Times," Jan. 15th, 1857, we find the following:

"At a meeting of the Guernsey County Medical Association, held at the Hotel of James B. Moore, in Cambridge, on the 8th inst., the following preamble and resolutions were adopted, expressive of the sense of the Association, in view of the death of an esteemed member, Dr. Milton Green:

"*Whereas*, It has pleased Almighty God, in his all-wise providence, to remove by death our worthy and esteemed brother member, Dr. Milton Green, the members of this Society deeply feel that this solemn event calls on them to sympathise with his bereaved family, in this afflicting dispensation of an over-ruling Providence, in the loss of a kind husband and father; and the town of Cambridge and vicinity of one of her best and most distinguished physicians. As expressive of our sorrow, this Society agrees to adopt the following resolutions:

"*Resolved*, That in the death of Dr. Milton Green, we deplore the loss of a brother member, whose cultivated mind, extensive medical and surgical acquirements, long experience and noble heart, endeared him to all to whom time and intimacy had revealed those excellent traits of character; and we, as brethren of the medical profession, more keenly feel and more deeply deplore his loss.

"*Resolved*, That we tender our sympathies to the bereaved family and friends of the deceased, and join with them in sorrow for our common bereavement.

"*Resolved*, That the members of this Society will testify their re-

spect for the memory of the deceased by wearing the usual badge of mourning.

"*Resolved*, That a copy of these resolutions be communicated, by the officers of this Society, to the family of the deceased.

"*Resolved*, That the above preamble and resolutions be published in our county papers.

"*Resolved*, That, as a further mark of respect, this Society do now adjourn, to attend the funeral of our deceased friend and brother member, at two o'clock this day.

"F. REA, PRESIDENT.

"J. P. TINGLE, Sec.

"Cambridge, Jan. 8th, 1857."

"At a meeting of the Council of the Town of Cambridge, held at the Mayor's office, on the evening of the sixth inst., to testify their regard for their fellow member, Dr. Milton Green, the object of the meeting being stated, the following preamble and resolutions were adopted, to-wit:

"*Whereas*, It has pleased Almighty God, in the dispensation of his Providence, to remove from among us our fellow member, Dr. Milton Green, a worthy and esteemed citizen, who died at his residence in this place on this day at 3 o'clock P. M.—therefore

"*Resolved*, That we feel deeply sensible of the loss which our body and society have sustained in the death of Dr. Milton Green.

"*Resolved*, That we cherish the highest regard for the memory of the deceased, as an efficient and useful member of our body, as a physician, and also for those excellent qualities that characterized him as a man and a citizen.

"*Resolved*, That as members of the Common Council of Cambridge, we tender to the widow and relatives of the deceased our deepest sympathy in their bereavement.

"*Resolved*, That the Recorder enter the proceedings of this meeting on the minutes of the Council, and that he present to the widow and family of the deceased a copy of these resolutions, as an evidence of our sincere sympathy with her and them, and of the high regard with which we cherish the memory of the deceased.

"*Resolved*, That we attend the funeral of the deceased, from his residence, on Thursday the eighth inst., at two o'clock.

"*Resolved*, That these proceedings be signed by the Mayor and Recorder, and published in the papers of the county.

"On motion, the meeting adjourned.

"J. W. WHITE, MAYOR.

"D. K. WISER, Recorder."

"At a meeting of Cambridge Lodge, No. 301, I. O. O. F., held on the sixth inst., the following preamble and resolutions were unanimously adopted.

"*Whereas*, It has pleased the All-wise Creator to remove from among us Dr. Milton Green, a worthy member of our order, whose loss is universally regretted by all who knew him, whose aid and sympathy was always extended to the afflicted and distressed, whose medical skill and ability and whose gentlemanly deportment and social qualities had gathered around him a large circle of friends and intimate acquaintances, by whom he will long be remembered; therefore, as a tribute of respect to the memory of our deceased brother, the members of this lodge unanimously adopt the following resolutions:

"*Resolved*, That the members of this Lodge wear the usual badge of mourning, as a token of their regard for their deceased brother.

"*Resolved*, That the members of this lodge attend the funeral of Brother Green, and perform the usual funeral ceremonies of the Order.

"*Resolved*, That while we bow in humble submission to the will of the Divine Ruler of heaven and earth, we mourn and regret the death of our esteemed brother, and sincerely sympathize with the family and friends of the deceased, in the irreparable loss which they have sustained.

"*Resolved*, That the Secretary of this lodge present a copy of the foregoing resolutions to the relatives of the deceased, and also a copy to the editor of each of our county papers for publication.

"W. MAYNARD, N. G.

"B. S. HERING, Sec."

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DR. D. A. FISHER.

For the following beautiful biographical sketch of Dr. Fisher we are indebted to D. S. Willing, Esq., editor of "The American Independent," Bridgeport, Ohio, under date of May 22d, 1857, which, together with the proceedings of Ætna Lodge of F. and A. Masons, we feel free to present as exponents of the life and character of one whose untimely fate we, with his numerous friends and relatives, are called upon to deplore.

"Having received a request to write a sketch of the life of Dr. Fisher, from his bereaved and deeply sorrowing wife, we comply with mournful pleasure, for the reason that we delight to cherish the memory of a true friend, and give what of comfort we may to anguished

ones, who feel so keenly the loss of such a noble-hearted, high-minded brother, husband and father as Dr. F.

"He was born in Frederick County, Virginia, September 20th, 1820, and would have been thirty-seven years old had he survived until September next. In 1832 he removed, with his widowed mother, from Virginia to Belmont County, Ohio, where he remained until he completed his literary and medical education. A dutiful son, he contributed to the happiness of an affectionate mother in every way, and still found time and means to pursue his studies, by a strict course of temperance, industry and economy. We remember him well as together we trode the halls of college, walked the groves in company, and mutually aided each other up the path of science. It was at Franklin College, New Athens, Ohio, where he mainly obtained his literary qualifications for the eminence and usefulness to which he ascended in after life. During his college career he gave evidence of high moral sentiment, noble aims, and great-hearted generosity; and, amid all the temptations of youth, passed without a stain of dishonor, and with the friendship and good wishes of his associates. The recollections of those happy days of intimacy with the deceased are at once 'pleasant and mournful to the soul.' Dr. F. was self-educated, sustaining himself by teaching until he finished his course, and, by the training his circumstances gave him, developed those higher manly qualities of self-reliance which tended so powerfully to his success and distinction.

"He chose the profession of medicine, and studied with Dr. Waters, of Belmont, Belmont County, Ohio. Here, as in his literary course, by persevering energy he succeeded rapidly, mastered the various departments of medical science, and started out in his professional life with distinction in the very outset. Our duties having separated us, we knew him in his professional life only from his good and well earned reputation as a skillful, successful and humane practitioner. He pursued his calling with honor, in West Brownsville, Salem and Baltimore, in Fairfield County, Ohio; then in Mt. Gilead, Morrow County, from whence he removed to Reynaldsburgh, Franklin County, where he met with the sad calamity which so suddenly terminated his popular and useful life. He had resided in the above place some three years when the gloomy event occurred.

"From a newspaper notice sent us by his afflicted wife, we learn that, at about twelve o'clock on May fifth, himself and a young man had loaded a heavy log on a wagon, a few rods from his residence. After the log was placed upon the wagon, it rolled off on the opposite

side, knocking him down in such a manner as to bring his head directly under it, crushing it so severely as to cause his death instantly.

"In this painful casualty, a wife widowed, and three small children orphaned, are made to mourn a husband's and a father's untimely death!

"The writer of the notice referred to says:

"'During the residence of several years in this community, Dr. Fisher has, by constant and successful attention to his professional calling, and by an honorable deportment, won the esteem of his fellow-citizens.'

"A very large concourse of people attended his solemn funeral. He was buried by the Masonic Fraternity, with their impressive and significant ceremonies.

"On the eighth, a day after the sad occurrence, the following resolutions of respect and condolence were passed by Ætna Lodge No. 212, of F. and A. Masons:

"*Whereas*, It hath pleased the Great Grand Master of the Universe to remove from our midst, in the prime and vigor of life, by a sudden and unexpected stroke of his providence, our worthy and beloved brother, Dr. D. A. Fisher, therefore be it

"*Resolved*, That it is with deep and unfeigned sorrow that we are called upon to record the death of our deceased brother: in his death our institution has lost one of its best and purest lights, and the community at large one of its most substantial and upright citizens.

"*Resolved*, That while we must deeply deplore the loss to our order of an affectionate and beloved brother, yet we feel that our loss is small, compared to that of his afflicted family.

"*Resolved*, That while we must sincerely sympathize with the widow of our deceased brother, and her fatherless children, in their sudden bereavement, in being thus deprived of a kind and affectionate husband, and an indulgent parent, it is with a sense of confidence in our Great Master, who 'tempers the wind to the shorn lamb,' that he will care for the widow and the offspring of those who place their confidence and trust in him.

"*Resolved*, That in accordance with the principles of our Masonic institution, we tender our bereaved sister and her fatherless children the consolations of our order, and that protection and assistance to which they are justly entitled, as the family of a deceased worthy brother.

"We regret our want of time and information to speak more fully of his merits as a physician and man, in the social and domestic circle.

But we know him as a christian and a student, only to love and have confidence in him. We gladly speak to his praise, as an example worthy of imitation by those who wish to be good, useful and happy. May the blessings of heaven strew the pathway of his widow, and a kind providence guide and guard the steps of his dear little children, under God; they are in the watchful hands of the Masonic fraternity, who will see to their training and education.

"The State Medical Society, of which Dr. F. was an honored member, will prepare and publish his obituary, and preserve a record of his character and position in life."

"E"

# REPORT OF THE COMMITTEE ON SURGERY,

BY

JOHN DAWSON, M. D., CHAIRMAN.

The committee charged with the duty of making the Annual Report on Surgery, have felt some embarrassment in the selection of a subject. The department is so extensive, and all the subjects of which it is composed being nearly of equal interest, it has seemed almost like invidiousness to attempt to make a choice.

We might, perhaps, have occupied our time acceptably by reviewing or looking into some *speciality*, some particular operation or proceeding, its merits, demerits, etc., and enough could here have been found to occupy volumes rather than reports; or we might have detailed a lot of cases operated on, by some particular method, with results; or we might have made a single operation, by ourselves or our neighbors, the basis of remarks enough to occupy the pages of an ordinary sized report; or we might have called attention to the increasing frequency of certain kinds of surgery, or rather to a new class of injuries, from railroads, machinery, and other things of the kind; or we might have taken up some *new* operation, or new method, the first of the kind which has been performed; and if it had proved unsuccessful, have shown how ignorant the surgeon was who undertook it; or if successful, have become eloquent on the progress of surgery, exhausting the resources of rhetoric on the operator as being learned, intrepid and able; or we might have alluded to the comparative popularity of surgery in the nineteenth century, and the frequency with which exceptions are taken to the manner in which it is practised. Any of these, indeed, would have furnished more than a sufficiency for the occasion, while the most of them contain more than we could have found time to present.

Our notion, however, is to occupy a little space in a very brief review of the present doctrines, and what is regarded as present knowl-

*edge in surgical science.* For this purpose we will arrange our remarks under the following heads:

1.—*The Age of Scientific Surgery.*

2.—*The Mechanical, or Operative Department of Surgery.*

3.—*The Scientific, or Pathological Department.*

4.—*What per centum of success justifies a surgical operation.*

We by no means expect to exhaust what is contained under each one of these heads, but merely wish to use them for the discussion of points which we think entitled just now to special consideration. The age of surgery is a matter that is not easily estimated, if in trying to do so, we take into consideration all the time within which procedures of some kind or other, and after some fashion or other have taken place. Surgical operations of several kinds extend back to the commencement of the historic period. They are as old as accidents and injuries, and an account of them makes up a part of the first literary efforts of our race. The *Illiad* has immortalized the names of Podalivius and Machaon for their services in the Trojan war; and the most ancient literature is interspersed here and there with details of different kinds of surgical efforts. Nor is history barren in its account of very ancient efforts, undertaken for the relief of some of the gravest forms of accident and disease. Before the Christian era 400 years, Lithotomy was practised. Operations for stone preceded Hippocrates; and, although this author never himself performed this operation, his recommendation of incisions to extract calculi from the kidney, his performance of amputations, his trepaning, his treatment of fractures and dislocations, his use of the obstetrical forceps, and his maxim, "when medicine fails recourse should be had to the knife, and when the knife is unsuccessful, to fire," go to show the date of his practice and the character of the operations compassed by his genius. Herophilus was in the habit, in schinasitis and tumors of the liver and of the spleen, of cutting through the parietes of the abdomen, and applying medicines to those organs. We attempt, indeed, scarcely anything in modern times, in which we have not been, to a greater or less extent, anticipated by the ancients. On the ruined walls of the renowned temples of ancient Thebes, basso-relievos have been found, displaying surgical operations and instruments not very different from those in use in modern times. The *Dilator* or speculum of modern times, has its exact prototype, it is said, in one now in the museum of Naples, obtained from the ruins of Pompeii, (Dr. Johnson.) The Alexandrian surgeons exhibited ingenuity in many things. Ammonicus invented an instrument and used it for breaking down stone in the

bladder, thus anticipating completely Ciniale, whose invention it was thought added a wreath to the crown of French surgery. Really the surgeons of the Alexandrian school excelled in some things. They were distinguished for the nicety of their dressings, and also in the use of bandages. Ægenita, having satisfied himself of the situation of stone by the rectum, made his incision, not in the centre of the perineum, as recommended by Celsus, but to one side of the raphe, as is the practice of the present day. He also inculcated the propriety of making in lithotomy the smallest possible opening in the bladder, an important thought of modern times.

We might in this connection allude to the invention of instruments and the performance of operations by the ancients more in detail, and associate each, with its date and name of surgeon, but our purpose is served, in merely directing attention here, as useful in correcting our propensity to claim things, with which the public are not familiar, or that happen to have a new appearance, as being original with us. These examples, however, are very far from proving that surgery, as a science, had an existence at the different periods to which we have alluded. The very reverse is nearer the truth. Its foundation, Anatomy, was not cultivated at all until long after the death of Hippocrates, and then but for a short time at a single school, (Alexandria). Not only was it not cultivated for much the largest portion of Christian history, but dissections were with great zeal prohibited. Then again, what there was of surgery at a very early day fell into the hands of a very low and superstitious class, who persisted in the possession of the most important operations until a comparatively recent period. This class of individuals were the only ones that performed lithotomy in the days of Hippocrates. They retained exclusive possession of the operation also at the period of the Alexandrian school, and for centuries afterwards. Hippocrates never, as we have seen, operated for stone; neither did any of the professors of Alexandria, nor any one else of any reputation for a thousand years after the operation had been inaugurated. Celsus describes a mode of operation, "*cutting in the gripe*," though there is no evidence that this accomplished Roman ever himself practiced surgery. Rome had no practitioners of surgery for a period of 600 years after the empire was founded; and when Archagathus, from Alexandria, went thither, and ventured on that people some of the operations with which he had made himself acquainted, his title was changed from surgeon to that of "*executioner*," and he was banished from the capital. So low really was surgery at one time that it was prohibited by edicts of the

highest authority, and denounced by a certain council of savans as being derogatory to the dignity of the priesthood, and beneath the attention of all men of learning. Thus circumstanced and degraded without any fixed or established principles that might serve as a nucleus for the building up of a science, surgery continued for a period of more than 2,000 years. Occasional attempts were made to raise it from its low position, but it was not until during the fifteenth century, when the art of printing was introduced, that anything worthy of note was accomplished. Ambrose Pare, of France, and Wiseman, of England, first successfully rescued the department from the hands of barbers, farriers and magicians, and, by directing investigation rightly, succeeded in securing for it attention from men of sense, and something of public patronage. About the same time Vesalius, Fallopius, Eustachius lived, and by their anatomical researches contributed to the introduction of the new era. The commencement of this era dates back only about 300 years. Scientific surgery is, therefore, about 300 years old, a period of time but little more than the aggregate longevity of six medical men.

*The Mechanical Department of Surgery.*—Lately, no less than in former times, volumes have been written describing the methods only of performing surgical operations. And the American Medical Association, at its meeting last year, appointed a special committee to make a report on this department. Always it has maintained a character for attraction, and many minds have been with it entirely engrossed. Everything in regard to results was in early times mostly supposed to be due to the secret skill or facility with which operations were performed. Confined almost entirely, for twenty centuries, to a class of ignorant men, nothing but the mere work of the hands, the literal signification of the term, *chirurgery*, received any attention. This was strikingly instanced in the persecution and banishment of those who practiced the art when success did not happen to follow their efforts. The truth of the remark may also be recognized in the circumstance that the priests were forbidden to practice surgical operations of any kind. The Council of Tours supposed that but little else was involved in surgical operations than filthy work with the hands. The same sentiment was prominent in the Arabic mind during the time that race had exclusive charge of the science of medicine. Their surgeons exhausted their efforts in complicated apparatus, in the construction of instruments, and in the methods of operation.

Then, again, how are we otherwise to explain the universal tendency, with but here and there an exception, of those who practiced the

important branches of surgery, to keep their methods of operation a secret. This, as before remarked, was not only done with great care and pertinacity, but continued in force as a practice until the seventeenth century. It is seen in the example of Ruysch, who carried with him to his grave the secret of his admirable injections; in that of Roonhuysen, who made a secret of his lever, the only substitute then known for forceps in difficult labor; and in that of Raw, who cut successfully fifteen hundred patients for stone, and kept his method of operation such a profound secret that even his own pupils published different accounts of it, after his death.

Such examples prove several things,—but they set forth, very prominently, the fact that surgery was regarded as a mere mechanical procedure, involving only mechanical ideas—something with which reason and philosophy should have nothing to do.

In taking a view of surgery from another angle, it will be noticed that the operative department failed to engross the attention of any medical man of ancient times, who was possessed of genius, or had a foretaste of the true philosophy. Hippocrates spent the force of his great endowments on medicine and acute diseases. He was but partially interested with surgery, and perhaps did no more in this line than he was compelled to do by circumstances. Celsus, the cotemporary of Cicero, and whose labors the latter so fully appreciated as to give birth to the sentiment, "Nothing *so nearly approaches the character of the gods as giving health to our fellow men*," was no surgeon. He, as already noticed, described operations, but there is no evidence that he ever performed one. Galen, who, after the lapse of one hundred and fifty years from Celsus, succeeded to public favor, and who held dominion over both surgery and medicine for thirteen hundred years, unfortunately lived in the anti-anatomical period of Rome, when a science, the indispensable pre-requisite to surgery, could not be studied. He felicitates himself, for example, on the opportunities he had enjoyed, of having examined two skeletons at Alexandria. He dissected inferior animals, monkeys, and performed phlebotomy; but his practice in Rome was almost entirely confined to medicine. Orileasius wrote on surgery, but he was not interested with it, and discouraged it except in very extreme cases. Paulus Ægenita did perhaps more for surgery, scientifically, than any of his predecessors; yet his frequent use of fomentations, ointments, plasters, and his love of bandages and complicated machinery in fractures and dislocations, show the dominancy of mechanics in all his efforts. Really, we find no mind, of an order commensurate with the impor-

tance of the subject, wholly engrossed in its cultivation—touching the springs that vibrate to the most valuable results—until the times of Pare, Petit, Wiseman, Pratt and John Hunter.

Survey past history *by periods of time*, and still we fail to see an adequate appropriation of mind to the emergencies and important questions connected with surgery. From the commencement of the historic period to the Trojan war, 1184 years before Christ, the practice of surgery was limited to the suggestions of *instinct;* and mythology was its only exponent. For more than thirteen hundred years after the above period, which embraces the doings of the Asclepiades, of Hippocrates and Galen, anatomy was not studied as a pre-requisite of surgery, but the operations were confined mostly to those who professed intuitive knowledge, or were governed by the gods. Cato, for example, during this period, wrote down the words of incantation for curing, dislocations and fractures. The period just referred to, which comes up to the end of the second century of the Christian era, was marked, as all know, by some of the best efforts of which the human hand and mind have ever shown themselves capable. Unfortunately, however, scientific surgery came in for but a share of these. Ignorance of organization, pretended horror of blood, and false veneration of the human body, were sufficient to direct attention almost entirely from the subject. Neither Greece nor Rome furnished an example of the genus homo who successfully gave to his age operative surgery in its true light—an art depending for its success upon the strictest and most enlarged cultivation of observation and experience. It was not until medicine left the classic shores of Italy and Greece, and took up its abode the second time in Egypt, that Anatomy, for but a short period, was cultivated in connection with surgery. The age of *transition* (Renoard) if it might be so termed, commencing with the death of Galen and extending to the fourteenth century, a period of more than a thousand years, includes the agency of the Arabs—their efforts at improving medical science. Uncultivated, and without any previous knowledge of the subject, the Arabs approached it *de-novo*. The Greeks, from whom so much ought to have been expected, exhausted themselves in endless controversies, imbibed, as it were, the contagion of the argumentative and sophistical mania. The Romans had demonstrated themselves, in burning up the Alexandrian library, and, as a consequence, no better fortune awaited medicine than to be transferred to the hands of a people, not, by either habits of culture or natural endowments, fitted to receive it. After having, however, become conscious of the

responsibilities resting upon them, the Arabs doffed their vandalism for the time, and commenced gathering together the debris of the Greek and Roman authors. They added some things, and many they lost. They were the first who distinguished eruptive fevers; they enlarged the boundaries of therapeutics; created chemistry and pharmacy; were among the first to establish hospitals; they separated medicine from surgery, and secured for physic the patronage and protection of their governors. They lost anatomy, not being allowed by the Mahomedan religion to dissect; knew nothing of it except what they got by translating the writings of Galen. They abandoned many of the operations in surgery in use among the Greeks. They invented a great number of instruments, apparatus, &c., and seemed to calculate the efficacy of surgery by the richness of its arsenals, and the amount of pain inflicted by their operations. In order to stop hemorrhage, after amputations, they plunged the stump into boiling pitch. The Arabs improved surgery in nothing, scarcely, but its mechanics. The last and most learned of their authors, Albucasis, who lived in the twelfth century, wrote for his day an abridgement of the "Theory and Practice of Medicine," and appended to it a supplement on surgery, which consists of a description of the instruments then employed in surgical operations, with explanatory figures. His mind, to some extent, appeared to be occupied with *operative* surgery. "I have," he remarks, "undertaken this little treatise for the purpose of reviving this most useful branch of our art. I have detailed briefly the methods of operating; I have described all the necessary instruments, and I present their forms by means of drawings; in a word, I have omitted nothing of what can shed light on the practice." Thus ends operative surgery among the Arabs.

In time there issues from the deserts of Tartary the present race of Turks, more barbarous than the Arabs. The latter were subjugated by them in many parts of the world; their civilization destroyed; their schools of medicine broken up; and, in the general wreck, the little that there was of medicine and surgery sank beneath the destroying wave—the head of physic emphatically went under, where it remained for several centuries.

The darkness and gloom which followed the subjugation of the Arabs by the Turks, continued with but little abatement to the close of the fourteenth century. The dominant Turk, however, showed neither disposition or ability, in his new relation, to compensate by improvement of any kind for the destruction he had caused. He came not to the temple of Esculapius to offer penitence, much less

contribution, for the wrongs he had inflicted on the world, by destroying the only nation at the time engaged in attempts at medical or other scientific pursuits.

The mind of Europe, although long anæsthetic, began to show signs of waking again into the vigor of life. In the fifteenth century evidence began to appear that the spell was about to pass off, and that the people who had formerly shown themselves incompetent to give medicine a respectable foothold among them, were at last about to be its only hope. From the east the star of medicine was about to disappear. Asia wanted it no longer; and to occidental Europe—to the west—it gradually wended its way. It first neared the shores of Greece, but no one stood there as formerly to give a welcome signal. Its genial, soft light had been forgotten, never to be remembered by that people more. Approaching Italy, Beneveni and Vesalius, the latter of whom gave birth to anatomy and made it a fixture, received it cordially. Holland, in the persons of Ruysch, Raw and Camper, done the same thing. Flashing an occasional ray still farther west, France and England felt that a worthy visitor was in their vicinity, and deputed Pitard* Pare, upon the part of the former, and Arden and Wiseman on the part of the latter, to conduct ceremonies of invitation. Europe then, as if new blood had begun to circulate in her veins, or new faculties had been acquired, became conscious of her vocation, and appropriated, as Greece had formerly done, some of the best of her spirits to hold communion with the genius that had been welcomed to her soil. The birth of a new era was the consequence. Medicine now became linked with the progress of the physical sciences, and with them, *pari passu*, it has since progressed. The antique debris of all cultivators was collected, more exact and thorough modes of inquiry instituted, and a sound philosophy at last was adopted.

It would be too much to expect immediately, from this change in the aspect of things, the full amount of treasure—the perfection of the calling. Such could not be true with reference to any human pursuit.

In resuming our vein of inquiry, we find that *operative* surgery shared somewhat of the general good. The new era shows it to have left the hands of the ignorant, the incompetent, and to have advanced beyond the bounds of incantation and mechanics. Every generation comes a little nearer to the truth; and we may now confidently calculate, that the time is not far when our views with reference to the

*Pitard founded the College of Surgeons, in Paris, in 1271.

true position and value of operative surgery will be matured.

We will now proceed to our next head, the

*Pathological or Philosophical Department of Surgery.*—There is perhaps no operation, however simple, but what may be influenced, modified or rendered useless by the presence in the system, for example, of the strumous, the arthritic, rheumatic, lymphatic, hæmic, tubercular or cancerous diathesis. The study of these states, as a consequence, must take precedence of the operative department. It matters not how well or seasonably an operation is performed, unless it be done in the light of all the morbid conditions preceding it, and present at the time,—not only no good will be accomplished, but the reputation of the surgeon may be unfavorably affected, and, what is worse still, the patient's days, instead of being lengthened and rendered more comfortable, may become shortened.

To the states of the system above noticed we apply, for the want of a better name, the term *cachexia.* Although by no means comprehended in their early stages, the *cachexia* nevertheless, in the deterioration which they occasion in their progress, are apt to be, sooner or later, pretty well pronounced. There is, indeed, often a "cropping out" that serves as an index to the peculiar character or phase of the morbid action. Besides these more obvious demonstrations of the presence of causes which qualify the character of remedial efforts, others exist often as the consequence of a poison—a *materies morbi*, introduced into the system, the presence of which is, *a priori*, not easily ascertained, but which is nevertheless potent in the matter of results.

From Hipocrates to Galen, from Galen to Cheselden, and from Cheselden to Physic, we have had diverse and contradictory opinions expressed, with reference to the propriety of operations for *cancer.* The sage of Cos led off against the measure, but others came after him who professed to have received new light, to have made the discovery that the disease may once in a while be cured by the arts of the surgeon. As examples of the latter class, it is not necessary to refer to the ancients, many of whom were very positive in their opinions, but to authors of modern date, among whom may be mentioned Hill of Scotland, Noot of England, and Flajani of Italy. What now is the point of next interest here? For it may be premised as a fact, that a matter so fertile in opinions contains something that is either not well understood, or is, in itself, ambiguous. It would seem that several very difficult, though to appearances plain questions are involved. Does a cancerous cachexy always have fatal issue? Or has the ca-

chexy degrees or stages, some of which are more than others amenable to treatment? Or is the complaint modified by temperament, age, sex, locality, and the like, so as to affect the question of operation? Or, finally, are we possessed of any means by which to make out a correct diagnosis? The opinion is now general, I might say universal, that *cancer*, when well pronounced, is incurable, whether in the form of scirrhus, the encephalgia, fungus, hœmatdes or colloid cancer. And as a consequence, premises might here be formed, founded upon this sentiment, against any operations undertaken for the purposes of cure. But another question springs up; are there not stages in the dyscrasy where remedial efforts may be interposed with reasonable probability of success, or rather for interrupting the cause of the alteration? May not carcinoma, while in the form of a mere schirrus, or an encephaloid tumor, when first developed, be extirpated? The practice of surgeons answers in the affirmative, and it is astonishing to see how general this is; while reason and philosophy answer in the negative. The dyscrasy when once set up, unless the best experience is at fault, is persistent, uncontrolable, tending to a certain result; and whether regarded as due to the presence of a *materies morbi*, or as a degeneration of normal tissues, the destructive march is none the less certain downward, according to all observation is their tendency. Tuberculosis, diabietes mellites, hydrophobia and tetanus, have each a character for uniformity in fatal results; but it is very doubtful whether either of these stands higher in this respect than the disease before us.

An excuse for the course that surgeons generally pursue with reference to cancer may be sought for, not, as we apprehend, in diversity of opinion about the general tendency of cancerous growths, but in the fact that our diagnosis is necessarily very imperfect. The crude terms "*malignant*" and "*non-malignant*," or "*analagous*" and "*hetorologous*," as applied to tumors or morbid growths, have their counterpart too often in the surgeon's mind. The term *malignant* expresses merely a result; while hetorologous implies only the presence of foreign matter in the tumor. It might be supposed that we could get something more definite from Chemistry and the Microscope; but the light by those agencies is by no means satisfactory. Chemistry tells us that the proximate animal principles found in tumors vary very much. While cancerous growths pretty uniformly consist of albumen, and the non-malignant of fat and gelatine; yet albumen is sometimes a constituent of non-malignant, and gelatine pretty constantly a constituent of the colloid or areolar form of cancer. The microsco-

pical characters of cancer are not more conclusive. At one time it was thought the *cancer cells* had a particular form, the "caudate;" and that there were also characters in the "*juice*" diagnostically significant. These conclusions were premature, and confirm a maxim of microscopy, viz: that five years should elapse after making a discovery before publishing it. The *cancer cell* differs not in form from cells formed in growths connected with other diseases, or indeed from those occasionally found in normal tissues. This is the experience of microscopists generally; and if the statement were worth anything, we would add that it is also our own experience. Cancerous growths abound in cells, and where the formation is rapid, as is the case with several forms of the disease, the cells are very abundant, and present a high degree of development, containing nuclei neucleoli in numbers more than normal. We have therefore to seek for the characters of malignant formations, not in any particular cell or element, as contended for a short time since by Lebert and others; but if we heed the microscope in the abundance and high development of cells, and their presence in parts where no cells naturally exist, etc. Now it is easy to see how fallacious such a guide must be when practically applied. All new growth of the *analagous* kind, if our ideas of development are not too much at fault, have their origin in a cell structure, when occurring in connection with tissues of any character; and accordingly it can only be after a growth has matured, so as to present a contrast in structure with its surroundings, that this test can be of any service. Then again, occurring on mucous or serous surfaces, which is the seat of the form of cancer denominated *villous*, and where cell structure is maintained as the normal element, this cell test would seem to lose its force altogether. Analagous and heterologous growths here seem to fuse, so far as cell distinctions are concerned, and hence it may be presumed that when such are removed successfully by the surgeon, that is do not return after removal, they are not cancerous but cancroid. It has been, doubtless, from the removal of tumors of this character, where the essential constitutional elements of cancer were absent, that consistency has been given to operations.

The "*cancer juice*" is often alluded to as an element of diagnosis; and is regarded by some as very characteristic. Upon what such statements are predicated it is hard to discern. This juice is amorphous, as we understand it, except when it contains the granules and cells of the part from which it has been squeezed. It is viscid, whitish, or yellowish, though these are characters common to other morbid fluids, and as a consequence in themselves worth nothing.

The *stroma* of a cancerous tumor imports something more in the way of characteristics. The stroma seems to consist of fibres, in the meshes of which are deposited the *materies morbi*, in the form of cells, and it appears that it is by the increase of these cells more than anything else the disease advances. The presence, then, of a great collection of cells, and in a part where they do not naturally exist, or in other words, on "*error loci*" of cells, is, to say the least, a suspicious circumstance, and is perhaps of more consequence in diagnosis than any of the points, or all of them put together, to which we have alluded.

The cancer *dyscrasy*, although in the commencement often occult, attains to a condition, sooner or later, when it gives out phenomena symptomological, which, taken in connection with other circumstances, perhaps serve the surgeon most faithfully. The importance of the pathological department of surgery is merely exemplified, but by no means exhausted with cancer.

We propose now to review some of the leading surgical procedures, in, however, but a few of their aspects, for the purpose of seeing whether the contingencies, results, etc., connected with them are rightly regarded. And we may say in advance, that the limits of this paper will allow of but a glance, and that, too, only at some of the more important operations. We will begin with the

Prognosis of Amputations.—There is something in amputations that needs fuller elaboration. The pathological conditions, for which amputations are proposed and practised, are far from being comprehended. From ignorance, or rather want of information here, false expectations have been inspired. Benj. Bell, for example, says in his general remarks on amputations, that he believes that not one death will happen in twenty cases of amputations, including hospital and private practice. Inman collected 3586 cases of amputations, and Fenwick 4837. Out of all these, the operation was fatal in about one in three. The statistics of later surgeons go to confirm the truth of these results in regard to amputations in general. Syme and Ferguson, two of our leading surgeons of the present day have expressed opinions on the good success following amputations at the *hip joint*. Cox, however, collected 84 cases in which amputations at the hip joint had been performed, and from these it was found that the *recoveries* were less than one in three of those operated on. In regard to the *major amputations* of the limbs, amputation of the thigh, leg and arm, the statistics by Malgaigue, from the Paris hospitals, by Lawrie, from the Glasgow hospital, by Simpson, from the British hospitals,

and Phillips' collection, show a fatality in the proportion of about one in every two and a half operated upon. That is, in every *two and a half* of amputations of the superior and inferior extremities there was *one death.* Results something like these were given to the Royal Medico Chirurgical Society in a paper read before that body, by Benjamin Phillips, in 1837. The paper having been founded on what was thought to be too limited a number of operations; the publishing committee of the society called in question the correctness of the conclusions, which were, that in 100 operations there were 23 deaths, and refused to publish it. Mr. Phillips was also requested to investigate the subject more fully before publishing any observations. Statistics were then collected from hospitals and private practice in different countries, all of which not only confirmed what had been said before the society, but showed that the estimate of 23 per cent. of mortality in amputations of the arm, leg and thigh, was much too low, and that, as already noticed, truth makes it *one* in every *two and a half* operated upon.

Prognosis of Hernia.—Have our views of the amount of disease usually associated with strangulated hernia been entirely faultless. Pott taught the doctrine, that in cases operated upon sufficiently early and with the due amount of care, there is scarcely any danger at all; not more, he says, than one in fifty cases die. Late researches, however go to establish very different conclusions. Out of an extensive collection of operations, performed by a full average of competency, and under the ordinary circumstances in which the accident makes its appearance, it is ascertained that one in every two or two and a half subjected to the operation perishes. Of 77 cases recorded by Sir Astley Cooper, 37 died; and of the 183 collected by Malgaigua, 114 died.

Prognosis of Lithotomy.—Statistics have been published of late, going to show the results of operations for stone in the bladder. In regard to this operation, so formidable in appearance, much diversity of opinion has prevailed. As performed by some of our American surgeons, the prognosis has seemed very favorable. The reported success of several surgeons has astonished other surgeons throughout the world. Cheselden was the first to tabulate the results of cases of Lithotomy. He operated on 213 cases at St. Thomas' Hospital, with a mortality of about one in ten and a half. Coulson has a table of 6,369 cases, which shows a result of one death in six and five-eighth cases. Civiale has constructed a table of 2368 operations, exclusively French, the result is one death in five and three-quarter cases. Gross

has a table comprising the operations of American surgeons alone, in all 895 cases, in which the deaths are only one in twenty and a half. It is said that out of 180 cases cut, up to the beginning of 1846, by Dr. Dudley, of Lexington, Kentucky, but five deaths occurred. Mettauer, of Virginia, cut 73 cases; two deaths. Warren, of Boston, 30 cases, 2 deaths. Gibson, of Philadelphia, 50 cases, six deaths. In the Pennsylvania Hospital, between 1752 and 1848, 83 cases were operated on. Of this number 72 were cured, 10 died, and one was regarded as relieved. Inman, who has done so much in the way of statistics, found that of the 5,900 cases which he collected, 765 died, or one in seven and three-quarters. Dupuytren collected 356 cases operated on in Paris, the mortality in these equalled one in six. Willis, from all the statistics accessible throughout the world, embracing subjects of all ages, and different plans of operations, concludes that the general average of mortality in Lithotomy is about one in eight.

Prognosis of Operations in Ovarian Disease.—We have had much written of late years on the *history* and *statistics* of ovariotomy. While something similar to ovariotomy was practiced by the ancient Jews, who were in the habit of qualifying their unfortunate females for the duties of eunuchs, by removing the ovaries, a practice that is still continued in certain parts of India; and, while the subject of ovarian disease was thoroughly discussed in the early part of the eighteenth century, by Morgagni, Payer, De Haen, Targaoni and Lieutaud, it may with propriety be assumed, that the operation only became established during the early part of the present century.—The first names connected with it in modern times, are those of L'-Almonier, Houston, McDowel, of Kentucky, and Lizars, of Scotland. Of 300 cases now tabulated, in which operations have been attempted for the removal of the ovarian tumor, 119 only have been successful in the removal of the disease and recovery of the patient; or 39.66 to 100, or a little less than two in five. That is, in every five operated upon, two have been successful. This, strange as it may strike us, it will be seen, is similar to the ratio of recoveries, all causes included, of amputations of the thigh.

Prognosis of Fractures.—Allied to the same inquiry is the prognosis of fractures—the per centage of mischief occasioned to the organism by the fracturing of bones. This subject has received little attention from any one of ancient or modern times. Deformities, shortening, etc., of course escaped the attention of no one who had any experience in surgery. Yet, strange as it may seem, only an occasional hint, or some accidental remark with reference to the sub-

ject, is the most that has been recorded. Hippocrates noticed that some degree of deformity accompanies the reunion of certain fractured bones; and it is to be presumed the same observation has been made by every surgeon down to the present time. But in this country, England and France, indeed, throughout Europe, nothing at all satisfactory is to be found. Our literature is not deficient, by any means, in statistics on the occurrence and treatment of fractures. In our own country we have the statistics published by Dr. Wallace, in 1839, which embraces an account of 1,800 fractures treated in the Pennsylvania Hospital. Norris, of the same institution, has also published an account of fractures. Piercan has given the profession an account, statistical, of the fractures in the Massachusetts General Hospital up to the year 1840. Lente has done the same thing in the New York Hospital for twelve years preceding 1851. Statistics have also been furnished by Lonsdale, of the Middlesex Hospital, London, by Fricke, of the General Hospital at Hamburgh. Upon these, tables have been constructed, to determine the average fatality of such accidents, the chances of cure, etc. No attempt, however, upon anything like an extensive collection of cases has been made, to state, *what have been the usual results of fractures?* What proportion of all the cases treated has been dismissed, "*perfect;*" what proportion has left the hands of surgeons "*imperfect,*" with the bone shortened, bent, or otherwise deformed? When deformity has followed the treatment of a case of fracture, attention, if the trouble has occurred in the hands of an able surgeon or in the wards of a hospital, has been directed to an imagined or real imperfection in the fixtures used for retaining the fragments in place, and fulfiling that indication; and when it has happened in the hands of a practitioner of medicine, with an experience necessarily limited, the fault has generally been laid at the door of the practitioner, and he held responsible for consequences. The real questions—the amount of injury sustained, the prognosis in view of this, and the imperfect means in the hands of the profession to "restore order," impart primary symmetry—in short, to make a perfect "cure," have, by no means, received the consideration to which they are entitled. It would not, perhaps, be right to say that these important questions have been *ignored;* but it is right to say that they have been *neglected.*

An attempt has recently been made, to supply the deficiency to which we have alluded on the subject of fractures, by Prof. Hamilton, of Buffalo, New York. Prof. Hamilton's researches have been confined mostly to the *results of treatment*, not by those enjoying limited

opportunities for skill, but the results of treatment by those having experience, those qualified to do all that can be done with present knowledge, and surrounded with an average of circumstances. The inquiry, as far as it has extended, has thrown to the surface some very important facts. Of the treatment of fractures generally, "*imperfection*," in the form of shortened limbs, crooked bones, or other deformities, appears to be "*the rule*;" and "*perfect cures*" the exception. Future researches in the same line may vary the proportions relatively, with regard either to special bones or to those of the entire skeleton subject to fracture; but we have no idea that the general law set forth by the researches of Prof. H. will ever be changed. It is a philosophical truth, that all the fractures ever connected with humanity, if tabulated, would most likely confirm.

The profession are indebted to Prof. H. for his labors in this field; and we hope that he may feel the necessary interest to continue them still further.

*Prognosis of Cataract.*—The following are some statistics in regard to the prognosis of cataract, from a systematic treatise on ophthalmic surgery, (Mackenzie.)

In 330 operations by extraction and displacement, about two in three were successful. Besides Mackenzie's statistics, we find in the *Annales d' Occulestique* the results of M. Sichel's operations for cataract. From 1846 to 1854, a period of nine years, M. Sichel operated 1026 times in 641 individuals. He operated by the three methods, *extraction*, *division* and *depression*, with the following results: successful cases, 783; partial success and failures, 231. This gives a proportion of success equal to about 73 per cent, or out of every four cases operated on, nearly three were successful.

Such is a specimen of the data upon which to found a prognosis of the cure of cataract by an operation.

Tartra adds to his statistics his opinion, that *two* out of *five* patients operated on for cataract recover sight.

Roux's success at the *Charite* was somewhat more than *five* out of *eight* cases operated on.

Where the cases are well selected, and those for extraction and those for displacement are rightly distinguished, Mackenzie thinks three-fourths recover useful vision, two-thirds excellent vision.*

*Prognosis of Diseases requiring Bronchotomy.*—Important as is the operation of Bronchotomy, for the removal of foreign bodies from the air passages, and for the relief of approaching asphyxia from inflam-

* Ohio Medical and Surgical Journal.

mation, false membrane, etc., no data has been collected sufficient to indicate the mortality connected with the operation. The value, indeed, of the operation was not put to the test, in cases of *croup*, for many years after it was advocated on theoretical grounds by Dr. Home; and it is as late as 1762 that it was first successfully performed by Mr. Andre, of London, on a little girl five years old. The cases, as far as we know, that have been tabulated, have occurred mostly in France. M. Valleix gives fifty-four cases of membranous croup in which the operation was performed. At the *Hospital des Enfans Malades*, within the last five years, the operation has been performed 215 times. Results—168 deaths, 47 recoveries; or in the proportion of one recovery to about four operations.

In attempting a general review of the different surgical procedures to which we have alluded, among other things it may be remarked, that there seems, at first view, quite a similarity, in the way of results, between operations of very different nature, and undertaken for quite different purposes. Previously it has been shown that the Major Amputations, amputations of the arm, leg and thigh, included together, are fatal in the ratio of one to every two and a half, or at most to every three operated on. About the same mortality attends the operations for strangulated hernia, it being in the proportion of one in two or two and a half. The failures in cataract are in the proportion of about one in three for useful vision. Ligature of the caratid has been performed over 200 times, and may be classed here; it fails to be of service in the proportion of one to three or four.

Again, Ovariotomy, Bronchotomy, Amputations of the thigh, and Fractures seem to class themselves together. They all agree in the general law—*want of success in more than one-half the whole number of cases operated on.* In Ovariotomy, as we have seen, the surgeon succeeds in one case in every two and a half operated on; in Bronchotomy (operations on the larynx and trachea) he succeeds in one case in every four; in amputations of the thigh, including operations at the acetabulum and on the shaft of the bone, in one case out of every four. In Fractures, the data are not yet collected to warrant any thing, except that *imperfection* is the general law. Prof. Hamilton's "Fracture Tables" show that in fractures of the tibia and fibula (compound and simple), perfect results are in the proportion only of one to about three of the cases treated; in fractures of the femur and clavicle, perfect results in about one in five; in fractures of the patella, perfect results in one in six. We should not wonder if these figures prove to be an approach to truth. They sound very much like it.

Formidable as is Lithotomy, its success, as performed by all operators, on subjects of all ages, contrasts very strongly with either of the classes to which we have alluded, the mortality being here in the proportion only of one in eight of the cases operated on. With regard to cancer, no law has been evolved. Rhazes, the first distinguished Arabian surgeon, who flourished in the tenth century, first opposed the use of the knife in cancer, except the disease was local—a circumstance that perhaps never occurs. The experience of eight centuries has had the effect only to confirm the correctness of this position.

*The apparent superior success of American surgery*, in several operations, is a matter also developed by the statistics before us. In cataract, American surgery reports three cases out of four as being successful. Our trans-Atlantic brethren report but two out of three. Still more striking is the difference in Lithotomy. The mortality of Lithotomy in this country, as we have seen, is only one in twenty and a half of the cases subjected to operation; in all other portions of the world, from which statistics have been obtained, the mortality is one in eight—more than double what we have here. If we were to notice the operations of certain individuals, the disparity would be still more striking. Dudley, of Kentucky, operated on 180 cases with but five deaths, or one death in 36 cases; Mettauer, of Virginia, in 73 cases, two deaths—a success greater than that of Dudley; Gross has operated 24 times, every case successful.

How is this uncommon success to be accounted for? Have we more operative skill in America than elsewhere? Or are the circumstances with which patients are surrounded, both before and after operations, better here than in the old world? Or are the cases which have been tabulated in this country, sufficient in number to reveal the true law of mortality. We are willing to concede great skill to American surgeons; but it would not only be illiberal, but unjust, to deny this to those of other countries, and especially to those of countries where opportunity for excellence and proficiency is much greater than it is here. There may be something in the circumstances surrounding patients which has favored American surgery. Dudley's patients, and this is true also of those of Gross and Mattauer, were drawn chiefly from the population of the Western States, and after the operations, most likely, were furnished with comfortable quarters in towns, villages, etc., where the air and other things were favorable to recovery. The patients of other countries, as a general rule, being drawn from populations much more dense, and as a consequence with

less stamina of constitution, have, after operations, been mostly confined in hospitals, where they were exposed to a diversity of causes adequate to change results. This view is somewhat strengthened by the circumstance that Lithotomy, as performed in this country, in the larger cities, on the Atlantic side of the Alleghany mountains, has been attended with much less success than in other regions. In the Pennsylvania Hospital, where there were 83 operations, the mortality, as before noticed, was a little less than one in eight. Gibson operated on 50 patients, and had six deaths, or one in a little more than eight.

Perhaps, after all, the true explanation of our alleged success in Lithotomy will be found to consist in the circumstance that the operations have not yet been sufficiently numerous to present a fair average of results. It will be noticed that in America our statistics have only been sufficient to tabulate results of 895 cases. Besides, quite a number of gentlemen who have operated, some pretty extensively, have not yet placed the results of their labors on record. What effect these unrecorded cases may have, when tabulated with those already before the profession, remains to be seen.

What number of operations in any department of surgery, supposing them to be performed with ordinary skill, or, *ceteris paribus*, alike, is necessary to reveal the true law of *average results*, has not, so far as we are acquainted, been ascertained. A surgeon may operate a few times for stone, for hernia, or do amputations, and the success may conform to the true law. On the other hand a large number, comparatively speaking, of operations may vary very much in both ways from the law. Syme, for example, operated in fourteen cases of Lithotomy. Out of this number five died, or one in two and four-fifths. The same surgeon operated afterwards in 17 cases, with only two deaths, or one in eight and a half. Martineau publishes 74 cases in which he performed the operation of Lithotomy at the Norwich Hospital; only two of these 74 cases died, or one in thirty-seven. The same surgeon operated in seventy-three additional cases in the same hospital; out of these fifteen died, or one in four and nine-tenths. Now throwing all of Martineau's operations together, 147 in number, we have a mortality of one in eight, which is about what is common, as we have seen, in Lithotomy. Dudley's 180 cases show no approximation to the law of mortality, being in the proportion of only one death in 36 operations. Perhaps if the same surgeon should operate in 180 cases more, or in three or four times this number, the results would be so far below the success of his reported cases as to exhibit the average mortality of the operation. Gross, who has operated 24

times successfully in succession, might loose every other case in the next 24 operations; or a loss of three cases in succession, would reduce his results to the common standard, a circumstance that has occurred to other good surgeons. "Take care," says Sir Astley Cooper, "how you draw any practical deductions from particular cases. I, and many others, have for a considerable length of time met with extraordinary success in operating for stone, when four or five unsuccessful cases in succession have come, which have generally brought down the result to the amount I mentioned, viz: that two in fifteen die."

We have had, as already noticed, 895 cases of lithotomy tabulated, with a mortality of one in twenty operations. This success, then, implies so much that cannot be reasonably explained by operative skill, superior methods of operation, or stamina of constitution on the part of patients, that we are left with but the alternative, viz: that we have not yet had a sufficient number of operations to develop the true results. The average mortality of the operation was not thought to be approached, until Inman had tabulated for Europe over 5,000 cases, and it is somewhat doubtful whether this number is sufficient. It would be better to have 10,000, or even 20,000. Indeed, the greater the number the more valuable the deductions.

In coming to the conclusion that the success of American surgery, as set forth by the operation of Lithotomy, is explicable on the hypothesis to which we have referred, it is not necessary for us to state that we have had no disposition to detract from the reputation of our surgeons, or call in question the truth of results reported, not even those of the Mississippi valley, which show the greatest want of conformity to the law as revealed by statistics. But, on the contrary, while all are justly entitled to belief in the statements of what they have done, and while the utmost faith may be exercised in regard to their reports of cases, it may be submitted that a fallacy of prognosis is here involved, that cannot be otherwise than detrimental to the profession, and detrimental even to operators themselves. A loss of but one in twenty, in Lithotomy, shows a success in the operation that is not true as a rule, and consequently calculated to mislead, to inspire false hopes. Great reputed success begets corresponding expectations, on the part of both surgeon and patient; and perhaps no one matter is prolific of deeper mischief to the profession. When Pott said that the operation for strangulated hernia, if applied in time, seldom fails, so seldom that he believed not one in fifty dies with it, he gave utterance to an opinion that was not only not creditable to himself, but decidedly pernicious in its effects upon the progress of

surgery. The same may be said of the opinions of Ormerod and Syme. The former has stated that amputation of the thigh *seldom* fails; the latter, after amputating at the hip joint once successfully, states that this operation, if done quickly and properly, would be generally successful, if not uniformly so. Ferguson, in his work on surgery, has done equal injury by over-estimating the success of amputation at the hip joint. We repeat that such opinions, although expressed, in many instances, from convictions of their truth, and perhaps also of their utility, exercise no salutary influence, but the very reverse.

A further exemplification of what we have in this connection suggested, is seen in the expectations of the profession and of the people, in regard to *Fractures*. Adopting the principle that fractures, simple or compound, unless attended with very untoward circumstances, should get well without deformity, medical men have been as ready as any other class, to pass judgment against the attendant who has had the charge of a case followed by prominent imperfection. South, for example, of St. Thomas' Hospital, in a note to Chelius' surgery, says: "In simple fractures of the thigh bone, except with great obliquity, I have rarely found difficulty in retaining the broken ends in place, and in effecting the reunion without deformity, and with very little, and sometimes no shortening. For contrary results the medical attendant is mostly to be blamed, as they are usually consequent on his carelessness or ignorance."

Skey, the successor to Pott in St. Bartholomew's Hospital, says: "One is at a loss to find any apology for *those surgeons to whose want of care, and even of humanity*, may be attributed the numerous examples of distorted and contracted members, which have cast a reproach on the surgery of Great Britain."

We have adduced these instances, as examples of the creation of a very injurious fallacy, because, besides showing its prevalence, they also show the character of mind involved in the deception. It would be no trouble at all, to post up any quantity of reputed success and illiberal strictures, emanating from tyros and those who have had little or no experience; but it does seem strange, that a matter of such vital importance, in every aspect in which it can be contemplated, should be so little understood by those who are at the head of the profession, and who are regarded as law-givers. The fallacy before us is a *non causa pro causa*,—an assignation of a false cause. The want of success in fractures should not, as a rule, be laid at the door of the profession, and it should not be held responsible for failing to

make a limb as good as it was, as perfect in every respect as when it left the hands of the Creator; but, generally, it should be attributed to the accident itself, or to imperfect apparatus. These, if rightly looked into, will, in a great majority of cases, reveal the true cause of results.

In reflecting on the topics to which we have adverted, and the statistics passed again and again in review, it might occur to some that after all the truth is not yet developed—that the statistical method, of which we have made use in getting at results, is by no means conclusive—that there never was two cases, in surgery or medicine, exactly, in all respects, alike.

It may be true that we have not yet arrived at the whole truth, in regard to any of the surgical procedures to which we have referred. I presume we have not. It would be strange, where the questions are so complicated, requiring such a great length of time for solution, and involving so much of mental culture, if we had reached the *ne plus ultra* of the inquiry. The most that can be said, perhaps, is that we are now on the right track, and everything combines to intimate, not only progress, but approximation to the truth. The method adopted, the statistical, is one of the most philosophical instruments of scientific research. It has been not inappropriately termed, the mathematics of medical science. It has been applied to many of the physical sciences, including Astronomy; it has been brought to the solution of many of the problems of human life and social existence; and in all instances has been characterized with effects that have commended it to the confidence of those who have a taste for accuracy. Applied to the solution of questions in medicine and surgery, it has been productive of consequences attainable, it seemed, in no other way. Individual and limited experience have been placed by it in the proper light before the profession, while from the observation of great numbers of cases properly tabulated, "true facts" have been elicited, rules set forth, that very likely will stand the test of all future research, and thus serve as so many points that are settled.

It is true that no two cases in either medicine or surgery are exactly alike. Each case has its individualities, certain phenomena that entitle it to the character of an identity. But it is equally true, also, that there are general phenomena, facts and events that are common to a great number of cases, and it is upon this universally acknowledged truth that classification in all departments of medicine is founded. A classification is good or bad, according as it takes in perfect agreements, rather than resemblances and analogies. There can be

no objection to the principle in question—there may be to its application. When a case of surgery is classed with other cases, for the purpose of serving as a basis of inference, it is because of the supposed *sameness* of most of its phenomena. The case, however, may be possessed of other phenomena, peculiarities we call them, which may not suit the classification. These, when rightly observed, although of less frequent occurrence, and perhaps more occult, must in time also necessarily yield their secrets to the potency of the statistical method of inquiry. The greater the number of cases that can be tabulated, the more accurate the inferences. Numbers, indeed, seem to compensate somewhat for the impossibility of calculating in regard to the influences of erratic phenomena; and it is a matter of astonishment how singularly effective the plan has proved itself to be.

Contemplated, then, as an instrument of research, the evidence furnished by statistics, when properly collected, is entitled to the highest credit.

If the facts which we have now thrown together, under the general head of surgical pathology, prognosis of operations, etc., have any practical bearing, this will be found to consist in drawing attention to the circumstance that we, as a nation, or as a generation of the nineteenth century, have placed the success of surgical operations very generally above the truth. Nor, as we have shown, have we been alone in this fault. We have inherited it from our fathers, and we have not only perpetuated it, but, by reason of the general swelling tendencies of our nature, have added to it—have made the fault fat. We have a notion that we are a great people, that our kind of civilization is the only one ever on the earth worth anything; that the spontaneous movement of an Anglo-Saxon is a nearer approach to perfection than cultivation can impart to any other race. To help us along in our feelings, we have our surroundings on an enlarged scale—high mountains, the broadest valleys, the widest prairies, and the longest rivers, —minerals, money and grain beyond calculation. Such circumstances, or rather such possessions, could not very well be inoperative. They have not been in our case. Besides all other things, we have derived from them a morbidly high opinion of ourselves. We have contracted a kind of general hypertrophy. Our eyes have become very large; so have our expectations. We have over-rated our success in almost everything we have undertaken to do; *and there have been more than the ordinary motives present to do this in surgery.* Fond of being regarded as successful, our surgeons, as a general rule, have let no opportunity pass to present the bright side of the picture.

So predominant has this feeling been, that the otherwise good name of some very distinguished men, of both ancient and modern times, has been by it brought into disrepute,—truthful and candid in every thing except their results in surgery. Touch this subject, and they become at once romantic.

In summing up what has been advanced, the following points seem entitled to notice:

1. Surgery, although of very ancient origin, has had, during nine-tenths of the time of which we have anything like a reliable account of things, a very slow rate of progression.

2. The literal signification of the term *chirurgery*, of which "surgery" is an abridgement, shows that mechanics was anciently regarded as making up almost the entire of the department.

3. Operations were undertaken and performed, until within the last three hundred years, mostly under the direction of the gods. Poets, statesmen and philosophers, in their views of what was requisite for the cure of severe injuries, paid but little attention to the professed surgeons of the day, but invoked the aid of Apollo, the ancient god of physic.

4. Those into whose hands surgery was at first committed, had no conception of the knowledge necessary to the performance of even the simplest operation; and afterwards, when anatomy was ascertained to be requisite, political and religious edicts were interposed to prevent its study.

5. The mechanical era of surgery reached its climax during the time that the Arabs had charge of medicine, as was expressed by the variety and complication of apparatus which they invented.

6. After the agency of the Arabs, when medicine returned to Europe, surgery began to be regarded as something, the proper consideration of which involved science as well as art. Different departments of nature began to be interrogated, instead of following the blind authority of the ancients. It came to be suspected that a butcher might amputate the thigh, but that it required the philosophy of a Plato, who by the way was also something of a surgeon, to know whether the operation should be performed.

7. The philosophical period of surgery not only takes in everything pertaining to mechanics which can be made available in an operation, but also proper views of surgical pathology—the amount and character of the disease present, the nature, extent, etc., of injuries, and the ability of the organism to cure itself.

8. Success, as a general rule, has been over-rated by surgeons.

This has been due to several causes. Limited experience, which is capable of proving anything, however ridiculous, has been too often appealed to when favorable, and but seldom when otherwise. This error has been more general than might at first have been supposed. Giving publicity to a failure in an important operation looks too much like publishing a surgeon's own shame, and, as Hippocrates suggests, little minds conscious that they have nothing to spare, can't get their consent to take the investment—to embark in that kind of enterprise. Where it is important that posterity should know the truth, the man of real ability will confess his errors. The value of an operation can only be tested by enlarged experience. Great numbers reveal the truth in spite of opposition. A Royal Society, as we have seen, was surprised on learning the mortality, as shown by statistics, of amputations, and could only be induced to believe the truth after the most thorough re-examination had been instituted.

9. As a consequence of getting up a false standard of success, hopes are inspired that cannot always be realized. The surgeon gets improper conceptions of the amount of risk involved—the many contingencies that affect results. He too often finds himself unable to meet expectations that have been created for him, or that he himself has been instrumental in creating. The consciousness that, although he has failed in curing his case, he has exhausted the resources of the science in his favor, amounts too often to nothing, so far as satisfying the patient is concerned. Trouble results to both parties; and, as might be expected, from the contentions which usually ensue, a final result is, that the dignity and usefulness of the profession is impaired.

10. Surgeons themselves having been most to blame for false views in prognosis, to them, and to them alone, we must look for the remedy. When an eminent surgeon, for example, of Paris, London, Philadelphia or New York, stated that fractures of the thigh bone, or clavicle, except when very oblique, should in nine cases out of ten be cured without deformity, those of little experience in the profession, and the people, believed the assertion—took the saying as *the rule*, and acted accordingly. The physician was ready to blame himself or his neighbor, for not coming up to the standard; and the people were ready to do the same thing—or rather, to supply his deficiencies of practice out of his purse. Having, we repeat, been instrumental in getting up the trouble, surgeons should now feel themselves called upon to supply the remedy. Every consideration calls for this. It is not only due to the welfare of the profession, but it is required by the cause of truth. There is enough in the calling that will commend

it to confidence and esteem, without extravagance and false estimates. Let the truth have fair play, and no one will then have reason to complain. But, most of all, we want the truth for the truth's sake.

*What per cent. of success justifies an operation?* We have met nowhere with a discussion of this question. Perhaps it is complicated with so much requiring consideration, so much that has reference to the especial character of the case or class of cases presented for operation, that surgeons have recognized it as a rule, that *no rule can be established*—that the propriety or impropriety of an operation must be determined by the individual features of each case. With operations instituted merely for the purposes of symmetry, or the repair of many injuries, as is the case with a large proportion, there can be no question of any great importance. Instituted, however, for the purpose of curing a disease, or avoiding the consequences of an extensive accident, many questions may arise touching the propriety of the procedure.

The mortality connected with surgical operations, as all know, may proceed from several sources. It may be due simply to the operation itself, or to the disease for which the operation is instituted. A few thoughts on each of these topics.

*Operation mortality*, from a variety of circumstances, is difficult to understand. With its *ratio positus* we are not at all acquainted; we merely know some of the things by which this is influenced. The kind of mortality before us must always be varied by the character for vital importance of the parts or organs involved. It must necessarily be higher in amputations of the thigh than of the arm; in the ligature of a large than of a small artery. Amputations of the thigh, particularly of the hip joint, so interferes with, or influences the movements of the organism, that if statistics could be obtained showing the results of the operation in perfectly healthy conditions of the system, it would be seen to be very high, for the reasons already given. In the same category stands the ligature of the *arteria innominata*, which has now been performed *eleven* times with fatal results in every case. This shows too much mortality to exclude the operation from the larger share of it. The same result would, though for different reasons, follow ligature of the ascending and descending vena cava, and most likely also ligature of the portal vein or renal arteries. No attempt at extirpation of the heart, the lungs, the liver, or the kidneys would be thought of, because of the essential character of these organs to the system, and the irreparable injury and destruction of other parts indispensable to life.

The mortality proper to operations, it is equally evident is varied by much that relates to the operator, methods of operation, adjuvants, etc. Greece, Italy and Arabia, while they prohibited the cultivation of the knowledge on the part of the operator necessary to perform an operation in the light of the structures involved, could not expect success; nor did they receive it at the hands of their surgeons. Frere Jaque, of France, who, during the forepart of his career as a lithotomist, was in the habit of plunging the knife indiscriminately into the perineum, and of course raised the mortality of the operation much above its proper standard. The same may be said of every one else ignorant of structure, relation, etc. *Dexterity* and *method* have their value; but the latter much less than the credit it usually receives. Success is a matter regulated entirely by higher considerations—an acquaintance with locality, relation, and physiology of the parts involved, and prevailing diathesis. Surgeons equally acquainted with these, only show weakness in contending for particular plans of operation; or some particular way of holding the knife. We had an instance in point lately, in a diatribe between a London and Edinburg surgeon—Ferguson and Syme. The question was, how Liston held the knife in operating for stone in the bladder.

The use of anæsthetics in surgery, although instituted for a different purpose at first, has lately been suggested as having an influence over operation mortality. Simpson has put himself to the trouble to collect statistics on amputations of the thigh, *with* and *without* the use of anæsthetics. He comes to the conclusion that the use of such agents in this operation, saves about 11 per cent. We have no comments to make on this conclusion. It comes from an ardent and able advocate of anæsthetics, whose limit to their applicatin is almost undefined. Preserving a patient from pain while an operation is going on, may rob the proceedure of some of its dangers, as well as of its terrors. The pain occasioned by operations exhausts in several ways; and simply the removal of this, saying nothing about the increased facilities afforded to the surgeon by the passive state of the patient, may increase the chances of recovery.

The mortality of operations is again varied by the state, at the time, of the system. The presence of a diathesis or a chachexia could not otherwise act than to affect results. Paget states it as his opinion that the operation for the removal of cancer of the breast, has a mortality of its own of 10 per cent. at any stage of the disease; and instituted after the cachexia is developed, it is higher.

We have been noticing the mortality proper of operations—the loss

of life simply incident to cutting, sawing, etc. We will now, for a moment, offer a remark or two on the mortality of injuries and diseases, when not subjected to surgical efforts. This opens a wide field of inquiry, and one that we shall make no attempt to occupy. A very few things in connection with the subject will serve our purpose.

Very few accidents of a grave character, and no diseases scarcely, with the single exception, occasionally, of cancer, have been allowed in this age of invention and improvement, to go to a final issue without interference of some kind or other; and when such has been the case, the circumstances have generally been of a character that rendered it impossible to ascertain results.

Paget, in a lecture delivered at the College of Surgeons, about four years since, stated that the average duration of cases of cancer of the breast, when left to themselves, is *thirteen months* greater than when the diseased breast is removed by an operation. In a late number of the London Lancet, after investigating the subject more fully, the same author gives 75 cases not submitted to operations, and 64 cases that were operated on. The average duration of life in the class not operated on, was 48 months; in the class subjected to operation, 52 months, a difference of four months in favor of the latter. This estimate, it should be remembered, does not include those who perished from the immediate effects of the operation, which, if given, might change the results very essentially. Accident sometimes develops a truth in point—shows the mortality of injuries when unaided. It occasionally has happened that it proved inconvenient, and sometimes impossible, for military surgeons, after a battle, to give attention to some of the graver forms of injury, such as compound or comminuted fractures of the thigh bone. Such not being subjected to the usual practice of amputation, have went to a final result, managed alone by the *vis medicatrix natura*. Now, from the circumstance, as it has been noticed, that a larger proportion of such cases—cases requiring ampution on the shaft of the bone or at the hip joint—recover when left, if the operation be withheld. The hint has proved suggestive, and, as a consequence, surgeons are now beginning to call in question, to some extent, the propriety of their former practice.

Finally, in deciding upon the propriety or impropriety of a surgical operation, the mortality of the operation, and the mortality of the disease when left to itself, have both to be taken into the account; and if after a proper estimate of both, one single case can be adduced, or there is but one per cent. in favor of an operation, the measure, in our humble opinion, is justifiable.

In conclusion we may state, that we are conscious of having added nothing by this report to our present stock of knowledge. At this we have not aimed. We have some matter on hand that has not yet seen the light, and that might have been crowded under the head of "contributions," but we have not thought proper to insert it. Our opinions were that we might content ourselves with a brief review of some of the more important points of surgical science, in order to see how they are understood, and the practical bearing of this upon the profession. There is often as much to be gained by cultivating an old field, as by advancing into new territory.

The progress of surgery, considering the date of its true origin, has been rapid, we might almost say triumphant. It has kept pace in modern times with civilization, with the arts and sciences; and is, without any doubt, destined to reach a position in the future that will ally it with departments of human knowledge that are regarded as comparatively exact. Our age has developed some totally new operations. Besides, the debris of the ancients has been looked into, and old operations that were meritorious, but neglected, have been revived.

The most valuable improvements, seem not confined to any particular country. From all parts of the world where our kind of civilization obtains, more or less is constantly being produced; and we should do injustice to our country not to recognize her agency in contributing some of the most important inventions. We have had no disposition to be censorious in what we have said of surgery. We have alluded to their mistakes for no other purpose than that we ourselves might not be similarly victimized. From the best motives, they have got, so far as success is concerned, the profession into a false position, and we have done what we could, in the meagre limits of a report to bring the fact to public attention. The profession and the public are more interested in what *can be done* than in what any one *professes to be able to do.*

We have, as will be observed, gathered the materials of our report from a number of sources, most of which have been indicated. In the matter of general statistics, a work of great labor and care, the authors are noticed by name.

JNO. DAWSON, M. D.
C. McDERMOT, M. D.

"F."

# A SHORT HISTORY OF THE VERATRUM VIRIDE,

AND ITS USE IN THE TREATMENT OF DISEASE, WITH CASES; BY

JOHN G. KYLE, M. D.

American Hellebore, Indian Poke, Indian Uncas, Poke Weed, Bear Weed and Tickle Weed, are some of its many synonyms.

The plant is found in many parts of the United States, from the extreme north to the far south, inhabiting damp places in meadows, and in the neighborhood of streams. It appears in March. It has a perennial, thick, fleshy root, tunicated at top,—the lower part solid, with numerous light yellow or white radicles. The stem is annual—grows from two to three feet high,—leaves at base from six inches to a foot long, broad, oval, acuminate, of a deep green color, and, with the stalk, are pubescent. The flowers appear from May to July, and are of a greenish yellow tint. The whole plant has a burning and acrid taste—the root only is officinal,—this, when dried, consists of a somewhat tunicated top, with a thick, hard base, and numerous radicles attached to it. The odor, which in the recent plant is disagreeable, is lost by drying.

In sensible properties it bears a close resemblance to the white hellebore. The taste is at first sweetish, then bitter, followed by an acrid, burning sensation in the mouth, and fauces for some hours after it is chewed. When powdered it acts as a powerful sternutatory.

For a more full and accurate botanical history of the plant, I would refer to any of the late works on Materia Medica.

The Veratrum Viride has not been long known as a medicine. Cullen was unacquainted with it—although, in his Mat. Med., vol. ii, pp. 378, of Veratrum he says, "it is a very poisonous plant, which I would hardly think of employing," &c., &c.

The Veratrum Viride seems to have been unknown to Dr. Drake, of Cincinnati, in 1829, for he says, in the Western Journal, vol. ii, pp. 94—1829—in a review of an article on the effects of "Veratrum

on animals, that we have not prescribed veratria or its salts, except as it exists in the vinous tincture of colchicum. That preparation we have repeatedly employed in bronchial inflammation, and can testify to its efficacy. After blood-letting, it speedily diminishes the frequency and force of the pulse, with an abatement of the dyspnœa."

The first notice we find of it is in the Am. Jour. of Pharm., for 1836, in an article on the Veratrum Viride, by Dr. Osgood, of R. I. He says: It is emetic, alterative, acrid, narcotic, epispastic and errhine. It produces vomiting without much nausea, attended with sensations of chilliness and coldness of the whole body, but moisture of the skin, and decided reduction of the action of the heart and arteries,—in his own case to forty, and in others to thirty-five in the minute. In large doses it produces dimness of sight, vertigo, faintness and somnolency, and great weakness of the circulation, with a sensation of stiffness of the muscles. Laudanum and brandy are its antidotes. He recommends its use most particularly in the arthritic affections. In this class of cases or diseases, it should be given in such doses as, at first, fall short of producing disturbance of the stomach, regularly repeated every three or four hours, and gradually increasing to the extent of producing narcosis or vomiting on the one hand, or of the resolution of the disease on the other.

In the treatment of Rheumatism, both in its acute and chronic forms, the article is well worthy the attention of the profession. In this disease it should be combined with opium, for the purpose of relieving the pain and qualifying its effect on the stomach. The amount of opium conjoined should be graduated in some measure by the pain. All local applications are to be avoided, generally premising with a dose of calomel, unless something in the particular case contra-indicates its use, following with the medicine regularly and persistently until its specific effect is produced, or the patient is cured. The more acute the disease, the more erratic in its character and the earlier in its progress, the more speedily does it yield to this course of medication. It is more efficient than any other remedy of equal safety which we possess. He uses the sat. tinct. which is made by adding of the recently bruised root viii. oz. to alcohol one pint—dose from one-half f. dr. to one f. dr.

Dr. Tully, of New Haven, Conn., in 1836 op. cit., recommends its use in the treatment of gouty, rheumatic and neuralgic affections. Mr. Ware, Bigelow's Med. Bot., vol. ii. pp. 127–132, found it emetic, sudorific, &c., &c., lessening the action of the heart and arteries.

Mr. Worthington found in his own case, after taking one-fourth of

a grain of the alcoholic extract, that the pulse was weakened so as to be scarcely perceptible at the wrist, and reduced from sixty-eight to fifty-two pulsations in the minute.

Although so highly recommended by these gentlemen, for the cure of many of the anginose affections, the V. Viride did not come into general use, but the little popularity it had gained was soon lost, and seemed likely so to remain, until Dr. Wesley C. Norwood, of South Carolina, again brought it to the notice of the profession in perhaps 1843. He has at least given it greater notoriety than it previously had. He says, West. Lancet, vol. ii. pp. 511–517, that its remedial powers or properties are acrid, narcotic, expectorant, diaphoretic, emetic, and last, sedative, eminently reducing the frequency of the pulse, and rendering it slow, full and distinct. Its occasional effects are, slight and pleasant delirium, hysteria, or symptoms approximating hysteria, preternatural wakefulness, &c., &c. The disease in which we have used it most is pneumonitis and its varieties. When administering it we rarely found any other expectorant indicated. Under its effects the surface is nearly always sufficiently moist or soft, and at times drenched with perspiration; or, if there is no moisture, the heat is reduced sufficiently low to render any additional remedy for its diaphoretic effects unnecessary. It is actively and drastically emetic when administered in *single full doses*, but sufficiently mild and moderate in its operation when given in small doses, at short intervals, for the young, delicate or feeble to take it with perfect safety. It alone answers all the purposes that can be obtained from emetics in pneumonitis.

The most prominent effect is a certain extensive and permanent reduction of the frequency of the pulse. It possesses this power in a greater degree than any one, and perhaps all the other articles combined, for which this quality or effect is claimed. It so constantly produces this effect that it may be administered without any fear or dread of disappointment.

The great duty of the physician is to subdue all diseased action speedily, and with safety to the patient. We know of no article capable of meeting these indications with so much ease, certainty and safety to the patient, as the *Veratrum Viride*. By its narcotic powers the pain and irritability are greatly moderated, if not relieved,—by virtue of its emetic powers a sudden shock and impression is made on the system, and if a resolution or crisis is not produced, the pyretic symptoms are greatly abated; and, in addition to the general shock, there is a series of new actions and impressions excited, which are of

great service in counteracting the disease, and changing the secretions and excretions. It is powerfully nauseant, thereby aiding expectoration, which in an eminent degree assists the capillaries in relieving themselves of their engorged condition.

But, as has been already stated, its power of reducing the frequency of the dilations and contractions of the heart and arteries, and consequently lessening the frequency of the inspirations and expirations, and the continued motion of the lungs, which effects being accomplished, gives an opportunity to the relaxed and engorged capillaries to unload themselves of the unusual quantity of blood they contain, and gives to Veratrum Viride what it is justly entitled to in the list of remedies.

To recapitulate, it is actively emetic, but does not occasion a great secretion of bile, but produces free mucous or serous discharges. It induces an unusual degree of paleness and coldness—more or less moisture of the surface—a sense of great exhaustion or dissolution—occasionally a slight and pleasant delirium or hysteria. The pulse is slow, full and distinct.

We would feel as awkwardly situated, and as much unprovided for the treatment of pneumonitis, without this article, as we would if we were deprived of cinchona and its preparations in the treatment of intermittent and remittent fevers. We are of the opinion that it will prove a valuable agent in the treatment of many inflammatory affections, as gout, rheumatism, peritonitis, &c.

It may be prepared by digesting viii. oz. of the bruised root in one pint of alcohol. We generally commence with ten drops, and increase the portion from one to five drops each time—repeating the dose every two or three hours, until nausea, emesis, or a reduction of the pulse takes place. We then lessen the quantity or extend the time, so that it can be borne. The small dose, gradually increased and frequently repeated, we have found the most efficacious. To relieve its unpleasant effects, a mustard plaster to the spine and extremities,—a little syrup of morphine and tincture of ginger given internally, and a suspension of the use of the article, is all that is required.

Dr. Norwood has now on sale a sat. tinct. of the V. Viride. The uses of which are coextensive with the treatment of inflammatory diseases. His directions are, mix equal quantities of the tinct. V. V. and of the simple syrup of squills; shake well. To an adult male, begin with from four to six drops, and increase the dose one or two drops each portion given, till the pulse is reduced to 65 or 70 beats per minute, or nausea or vomiting is excited. Adult females, begin

with from three to five drops, and increase but one drop each dose given. For children, under two years, add twice the quantity of syrup, begin with two drops, and increase but one drop each dose. Whenever the pulse is sufficiently reduced, or nausea or vomiting ensues, reduce the quantity, or stop giving. Given in sweetened water. Morphine or laudanum given with tinct. of ginger is a perfect antidote. The most usual opiate dose for an adult male is from 6 to 12 drops; female, 4 to 10; child, 3 to 6.

Dr. Branch, Charleston Medical Journal and Review, 1852, says: I have been in the habit of using the V. Viride for months in succession, in pneumonia and in typhoid fever, in doses varying from 3 to 12 drops of the sat. tinct., made in accordance with the formula of Dr. Norton, and I not only consider it as a perfectly safe remedy, but as one of the most valuable discoveries of this or any other age. I regard it of as much importance in typhoid fever and other kindred diseases, as *quinine* is in the treatment of intermittent and remittent fevers.

Dr. Grisson, of Ann Arbor, Michigan, says, in the New York Medidal and Surgical Journal, 1855, he was astonished at the effects it produced. The patients recovered rapidly, without any untoward symptoms.

The first case in which I used the V. Viride was that of Mrs. R. F., aged 30, mother of three children, predisposed to disease of the lungs; had an attack of bronchitis last summer, which lasted several months, and was with great difficulty arrested by the ordinary course of treatment.

February 23, 1857.—Had been attacked with diarrhœa and vomiting on the previous day; the sickness of the stomach and tendency to vomit still continued; pain in head, back and chest, with cough and difficult breathing; pulse 120, small and wiry; tongue coated, breath fetid, mouth dry, lips parched, thirst great, skin hot and dry. I directed 1-4 of a grain sulph. morphine every two hours until the vomiting should be arrested. Two doses quieted the stomach, after which I directed six minims of the prepared tinct. of the V. Viride in 1 oz. of sweetened water to be given every three hours.

February 24th, 8 o'clock A. M.—Found that my patient had been vomiting, from the effect of the medicine, several times since midnight. Said she did not feel much sick, pulse 80, small and soft, skin moist, cool and pale, no pain; said she felt much prostrated; discontinued the medicine, but ordered that if there should be a return of the fever

the medicine should be given as it had been on the previous day, until the skin should become moist, and stop until my return.

February 25th.—Patient better; had taken three doses of the medicine in the evening; has no fever, pulse 78, soft, slow and full, mouth and tongue moist and cleaning, not so much prostration as on the previous day. On the afternoon of this and the succeeding day she had a little fever, took the medicine as before, and on the 27th I found my patient convalescing rapidly; the fever, the pain, the cough, and the dyspnœa had all gone. It was astonishing how quickly and how perfectly she was cured. There was no other medicine used. The next case in which I used the V. Viride, was that of a child 20 months old, who had pneumonia, as a sequence of measles. Gave no other medicine, and the child got well at least as soon as under other treatment.

I have since used the V. Viride in a great variety of cases, both alone and in combination with other remedies, and have found that its effects or powers as a medicinal agent are very nearly like what we might expect to find them, from what its friends claim for it. It is, without doubt, a remedy of great power. It is emetic, expectorant, diaphoretic, deobstruent, anodyne and sedative. I have found neither narcotism or a tendency to spasmodic action of the muscles, as among the effects produced by this medicine, and I have administered it in *full* and frequently repeated doses.

Dr. Buckingham, of Springfield, Ohio, informs me that he has used it in several cases of infantile convulsions, premised by a mercurial cathartic, with the most happy effects; it in every case preventing a return of the spasms.

Its tendency to act on the skin, producing moisture and coldness of it, its acting as an emetic, and its power of reducing the action of the heart and arteries, are the properties which it possesses in the most eminent degree. I have used it often enough to make me know that I can find no other medicine that will exactly fill its place as a remedial agent; its effects are *sui generis*, and like any other useful remedy will have its place. It will not become a panacea for "all the ills to which flesh is heir," but will merely be one of the remedies which occasionally will, or may, be required to fill the indications for the cure of *some* of the diseases to which "*frail humanity*" is incident. I hope the members of this society will give it a fair and impartial trial, and report their observations to the profession, at their earliest convenience. If each man in the profession would keep an accurate history of all the cases treated, noting particularly the symptoms

and course of the disease, with the kind and effect of the remedies used, and report everything new and useful that might be found in the course of a general practice, what a fund of valuable information would be gained from such a source!

It is not only the duty of the intelligent physician to use all the means within his power to improve *himself* in the theory and practice of medicine, but it is equally his duty, to do all that can be done to assist his brethren to reach the highest possible attainments in our noble profession. Let us then, Mr. President and gentlemen, drop all private personal feelings of animosity or jealousy toward each other, and act as if we had come here for the purpose of "promoting the character, interests, honor and usefulness of the profession," and the cultivation of medical science and literature.

Let us arouse ourselves from our semi-comatose condition, and act as if we were determined to do our duty, and show the medical world that the Ohio State Medical Society is not only a *medical society* in name but in fact. And let us hereafter let none of its meetings pass without having essays, reviews, reports and discussions, that will not only be useful and interesting to us as members of this association, but that will reflect honor on the society and profession to which we belong.

May I indulge the hope, then, that hereafter each member of this society will do his duty. I, for one, am determined to try.

JOHN G. KYLE, M. D.

"G."

# REPORT ON

## Topography, Hydrography, Geology, Meteorology, Mortuary Statistics, Endemic and Epidemic Diseases of Sandusky, Ohio.

BY R. R. McMEENS, M. D.

### TOPOGRAPHY.

The city of Sandusky is pleasantly situated on the southern shore of Sandusky Bay, in 41 deg. 32 min. 10 sec. north latitude, near the centre of the northern boundary of the State, and where the greatest southern indentation is made by the waters of Lake Erie.

The site of its location is the most eligible that could have been selected. Gracefully rising to an elevation of thirty-seven feet above the level of the bay, when spreading out into an unbroken plain, with a slight declination as it recedes, diverges into the surrounding country, unfolding a landscape of undulating ridge and ravine, which emerge into small and picturesque prairies, dotted with clusters of dwarf and dainty trees, and interlaced with belts of densely timbered forest, while before it lies the broad and beautiful bay, encircled by the arm of the Peninsula on the one side, and that of Cedar Point on the other, affording a narrow and safe outlet, by a somewhat circuitous channel, to the expanded waters of the lake, and presenting a harbor of perfect protection, sufficiently large to accommodate the whole fleet of vessels that float or ply on our western seas.

The surface of the soil is shallow, and superimposed on a substratum of limestone rock of the blue and white varieties, which furnish an abundant and elegant material for building purposes, and admit of an ornamental finish equal to some qualities of granite. Drainage is consequently rendered difficult and laborious, and is only effected by a tedious process of blasting and expensive excavation. But every other sanitary regulation is readily secured, and the place is remarkably exempt from nuisances of every description.

A settlement was first commenced as early as 1817, but no advance in population or improvements was made previous to 1820. At this time the place was known by the name of Portland, and was especially regarded for its salubrity of location, and immunity from the Zymotic diseases of the surrounding country. But subsequently adopting the name of Sandusky, it incurred all the disrepute then sustained by the region bordering on the Sandusky river, which was peculiarly prolific of malarial disorders.

For many years the place progressed but slowly, but receiving an impulse from projecting the first railroad in the State, soon rose into considerable importance, and numbers at present about 12,000 souls, one-half of whom, at least, are of foreign extraction, the remainder of native origin, from the different States of the Union.

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### HYDROGRAPHY.

There are no inland streams of any magnitude in the immediate vicinity of the city. Sandusky river being at a distance of twenty miles to the westward, and Huron river twelve miles to the eastward.

Mills' Creek, an inconsiderable stream, courses along the southern and western limits of the city, and empties itself into the bay one-half mile to the west. Pipe Creek, another of like magnitude, flows in a tortuous course to the south and east, and terminates in a long and sluggish lagoon, which extends to the "Cove," or eastern arm of the bay, which again communicates with the Lake by a shallow and serpentine channel. This was formerly a navigable and direct connection between the Bay and Lake, but is at present partially obliterated by a change of current to the northern outlet.

Along this water course the most important hydrographical relations to the city exist. From the production of a number of inland prolongations in the form of bayous and isolated pools of stagnant water, surrounded and covered with a rank groth of aquatic vegetation, which, during the hot and dry months of summer, afford an abundant pabulum for the production of malarial effluvia.

The water used for culinary and potatory purposes is procured from the Bay, or from artificial wells produced by boring the rock, and opening subterranean veins. These afford a supply of cool and palatable drink, but somewhat impregnated with lime and earthy matter.

Of late years cistern water has become popular, and is collected and preserved in cisterns sunk or formed in the impervious rock.

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GEOLOGY.

Sandusky is geologically placed upon the upper edge of the great limestone deposit which covers the eastern half of the State of Ohio, and joins the lowest series of rock within the State, and immediately below the outcrop of the slate and shale which shows itself next east of this vicinity, about four miles distant.

This rock is denominated the "Clift Limestone" of geologists. It occurs in white and blue varieties, of a most compact form, and makes a most excellent building material, as exhibited in the many magnificent structures, which has established this as the best built city in the west, as the strata of rock are of the proper dimensions to form appropriate courses of range work to suit the purposes of the architect. It contains vast numbers of organic remains, both animal and vegetable, as the Trilobites, Orthoceras, Cyalhaphillum, Catenapora, and others, together with fish teeth, and orbitar plates of fishes. The scratched grooves are exceedingly well developed in this locality, occurring in large flat surfaces, well shown in the cellar bottoms, and in the projection of rock joining the east battery. They take the direction of north, thirty degrees east.

Near this city, and contained in the same deposit of limestone, extensive quarries of the sulphate of lime, the ordinary plaster of Paris of commerce, which presents itself at Lockwood's landing on the north side of Sandusky Bay, in large masses, so accessible to the surface of the ground, as when properly calcined forms an important article of trade. Strontium is also found in the same locality.

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METEOROLOGY.

The subjoined table of observations, Thermometrical and Meteorological, furnished me by Dr. Geo. R. Morton, of this city, which I was only able to obtain for four successive summer months, will exhibit the climacteric conditions during the prevalence of our most important epidemic disease, and accordingly will be of some interest to the medical inquirer. The prevailing direction of winds, and the almost entire absence of electrical phenomena during the cholera season are striking and remarkable.

## METEOROLOGICAL STATISTICS.

| Year and Month. | Monthly mean of five daily Th. Obs. | Lowest mean Therm. | Highest daily mean Therm. | No. rainy days | Amt rain in inches | prev'ing course of winds. | Remarks. |
|---|---|---|---|---|---|---|---|
| 1845. | | | | | | | Much thunder and lightning during this time |
| June, | 68° 45′ | 60 | 78 30 | | 75 | w | |
| July, | 75° | 61 | 88 | 8 | 2.60 | w sw | |
| August, | 75° 36′ | 68 | 82 | 6 | 1.75 | s se | |
| Sept., | 66° 15′ | 53 | 77 | 10 | 4.15 | w sw nw | |
| 1846. | | | | | | | |
| June, | 71° 45′ | 59 | 84 | 8 | 2.35 | sw se | Same. But little. Much thunder and lightning. |
| July, | 75° 15′ | 64 | 88 | 1 | 05 | s sw | |
| August, | 76° | 70 | 82 | 6 | 4.15 | s se s | |
| Sept., | 72° | 59 | 84 | 10 | 5.05 | se ne sw | |
| 1847. | | | | | | | |
| June, | 67° 30′ | 55 | 82 | 4 | 1 | se sw | |
| July, | 74° 30′ | 64 | 86 | 6 | 2.10 | s sw w | Little. |
| August, | 71° | 61 | 78 | 6 | 3.15 | w sw | |
| Sept., | 64° 15′ | 53 | 75 30 | 9 | 2.20 | sw nw se | |
| 1848. | | | | | | | |
| June, | 70° 30′ | 53 | 81 | 11 | 5.05 | s sw e | Much thunder and lightning in this time. |
| July, | 70° 30′ | 61 | 78 | 15 | 4.65 | s sw nw | |
| August, | 72° 30′ | 67 30′ | 80 | 7 | 3.05 | s sw se | |
| Sept., | 61° 30′ | 49 | 75 | 6 | 2.45 | s sw e | |
| 1849. | | | | | | | |
| June, | 71° | 61 | 81 | 8 | 1.40 | e ne se | Little thunder and lightning, once only in July, none. |
| July, | 72° | 65 | 84 | 3 | 2.05 | e s e | |
| August, | 71° | 63 | 79 | 10 | 2.65 | e se ne | |
| Sept., | 66° 30′ | 55 | 74 | 4 | 1.85 | e w sw | |
| 1850. | | | | | | | |
| June, | 72° 30′ | 61 | 79 | 9 | 3.15 | w se ne | Frequent and heavy thunder and lightning. |
| July, | 77° | 69 | 87 | 13 | 5.35 | e se sw | |
| August, | 80° | 63 | 80 | 9 | 1.45 | e sw w | |
| Sept., | 64° 30′ | 54 | 76 | 7 | 2.05 | w sw e ne | |
| 1851. | | | | | | | |
| June, | 68° | 59 30 | 80 | 10 | 1.50 | se ne w | Much thunder and lightning. Frost on 24th of September. |
| July, | 72° | 61 | 81 | 12 | 4.30 | s sw s&w | |
| August, | 71° | 61 | 76 | 7 | 2.20 | w sw nw | |
| Sept. | 67° | 51 | 80 | 10 | 4.40 | e se ne | |
| 1852. | | | | | | | |
| June, | 71° 30′ | 57 30 | 81 | 4 | 55 | s sw w | Little thunder and lightning, except early in June mid. Aug and last Sept. |
| July, | 77° | 64 | 89 | 6 | 1.65 | e se | |
| August, | 72° 30′ | 65 | 79 | 9 | 4.50 | e se | |
| Sept. | 66° | 54 | 75 | 9 | 1.80 | s ne sw | |

## MORTUARY STATISTICS.

Previous to the year 1851 no data of the dead were taken or recorded, there being no established cemeteries or no reports made, and was unable to obtain any reliable representation of the mortality of early years, with the exception of those periods of time remembered and furnished me by Dr. D. Tilden.

In the year 1838 there were just sixteen deaths, eight adults and eight children. In 1839 there occurred precisely the same number of deaths. In 1840 there were thirteen deaths registered by an old divine, in the following laconic words: "two from disease, six from drowning, one killed by a 'mad bull,' one hung, and three still-born."

The following table exhibits the returns of the sexton of Oakland Cemetery, the principal burying ground of the place. No returns of the Catholic Cemetery could be obtained beyond the number registered by the priest of the parish during the visitation of the cholera in 1852, which, as stated by him, was, from the first of August to the first of September, eighty-five interments, mostly adults.

### RETURNS OF OAKLAND CEMETERY.

| Yr. & Mo. | Males | Females | Children | Accident | Still born | Cholera | Total |
|---|---|---|---|---|---|---|---|
| 1851. | | | | | | | |
| April, | 1 | 1 | 3 | | | | 5 |
| May, | 3 | | 3 | | | | 6 |
| June, | 1 | 2 | 2 | | | | 5 |
| July, | 4 | 2 | 7 | | 1 | | 14 |
| August, | 3 | | 5 | | | | 8 |
| Sept., | 2 | 2 | 3 | | | | 7 |
| October, | 1 | 2 | 3 | | | | 6 |
| Nov., | 2 | 2 | 1 | | | | 5 |
| Dec., | 1 | 1 | 5 | | | | 7 |
| 1853. | | | | | | | |
| January, | 1 | 1 | 3 | | | | 4 |
| February, | | 3 | 11 | | 1 | | 14 |
| March, | 3 | 3 | 9 | 1 | 1 | | 17 |
| April, | 3 | 1 | 3 | | 1 | | 8 |
| May, | 1 | 1 | 3 | | 1 | | 6 |
| June, | 2 | 8 | 1 | | 1 | | 11 |

| Yr. & Mo. | Males | Females | Children | Accident | Still born | Cholera | Total |
|---|---|---|---|---|---|---|---|
| 1852. | | | | | | | |
| January, | 1 | 1 | 4 | | | | 6 |
| February, | 1 | 3 | 5 | | | | 9 |
| March, | 2 | 3 | 16 | | | | 21 |
| April, | 3 | 1 | 9 | | | | 13 |
| May, | 4 | 2 | 7 | | | | 13 |
| June, | 3 | 3 | 11 | | | 1 | 18 |
| July, | 7 | 4 | 8 | 2 | | 12 | 19 |
| August, | 71 | 26 | 27 | 3 | | 113 | 124 |
| Sept., | 24 | 14 | 27 | 1 | 1 | 39 | 65 |
| October, | 3 | | 3 | | | | 6 |
| Nov., | 1 | | 2 | | | | 3 |
| Dec., | 3 | 2 | 1 | | 3 | | 9 |
| 1853. | | | | | | | |
| July, | 2 | 3 | 9 | | 7 | | 17 |
| August, | 6 | 4 | 20 | | 2 | | 32 |
| Sept., | 2 | 3 | 18 | | 2 | | 22 |
| October, | 3 | 1 | 9 | | 2 | | 15 |
| Nov., | 4 | 2 | 8 | 1 | | | 15 |
| Dec., | 2 | | 7 | | 2 | | 12 |

ENDEMIC DISEASES.

The most important sporadic diseases of Sandusky occur in the winter and vernal months of the year, and are ordinarily of a pneumonic, bronchitic, laryngitic, pleuritic, rheumatic, neurotic and anginose character. The pneumonic and bronchitic attacks usually present an active and open character, but not unfrequently are complicated and asthenic in disposition; are generally tractable to treatment, and rarely degenerate to chronic, tubercular or other incurable conditions of disease.

The predominance of these affections are doubtless owing to the sudden and extreme alternations of temperature experienced upon the borders of the Northern Lakes.

Concurrent with the above, and often intimately associated with them, the protean forms of general or local neurotic disorders are displayed, in all their irregular, persistent, periodic, erratic and nomadic manifestations. This neurosthenic predisposition is probably engendered and sustained by the influence of an exciting atmosphere, combined with the frequent and boisterous gales that prevail at this season of the year.

The anginose affections are more or less common every winter and spring, presenting a greater diversity of development than I have ever observed in any other locality. Tonsilitis, laryngitis, tracheitis, and pertussis, in an acute or sub-acute form, and often complicated with catarrhal fever of a perverse character, and at one time exhibited an oedematous and malignant disposition. Laryengeal phthisis is not unfrequently encountered, and is the only form of tuberculous disease that I have seen originate in the place.

The prevalence of the latter diseases may depend upon the degree of humidity of the atmosphere, resulting from the proximity of so large a body of fresh water as surrounds the city.

The summer and autumnal diseases are generally more mild and manageable, in type and character—Sandusky being remarkably free of the ordinary malarial fevers, so widely prevalent in the surrounding country; and cases of a pernicious nature are seldom witnessed, and are only found in itinerants and seafaring subjects, who have contracted the malady in more insalubrious localities.

Diarrhœa and dysentery, in their ordinary forms, prevail to some extent during this time of the year, and are usually of a billious or bilio-adynamic character, readily controlled and removed by prompt medication in the majority of cases. Cholera infantum occurs to some extent during the middle of summer.

But this season of the year is generally one of continuous health, "excepting the years of the cholera," and is rendered delightfully cool and reviving by the breezes constantly wafted from the broad and blue bosom of our lovely Lake.

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EPIDEMICS.

The earliest epidemic of which there is any reliable account, as having visited this place, was a destructive form of dysentery, which prevailed in 1823—for the history of which, as well other information connected with this period of time, I am greatly indebted to Dr. D. Tilden, who has practiced medicine in this and the neighboring county for the space of forty years, and has related such facts and circumstances as remained vivid and distinct in his memory. The disease is said to have pervaded this section of country, assuming a low, adynamic character, and attended with an excessive profluvia of sanguineo and grumous dejections, and proved peculiarly intractable and fatal.

No very definite description of the disease or treatment could be learned, sufficiently attested for reliable narration.

*Scarlatina.*—Scarlatina made its appearance for the first time in this place, as an epidemic, in 1841, presenting all its varieties, from the simple to the most malignant, and frequently all three varieties simultaneously afflicting different members of the same family. It disappeared and re-appeared at irregular intervals of time, for three consecutive years, but perceptibly diminished in virulence of onset and sequence upon each return, and has only been witnessed occasionally and sporadically since that time.

*Influenza.*—The almost universally disseminated influenza of 1831 also visited this place, and almost every individual, resembling symptoms and effects, and remained about the same length of time as portrayed in all the accounts of that epidemic in other places.

*Cholera.*—Cholera has been the scourge of Sandusky, and for which she has become widely but unjustly proverbial.

Circumstances of an adequate nature combined at one time to provoke an inordinate display of the disease, and accordingly induced an erroneous impression of some peculiar predilection existing in the place, and was advanced as evidence corroborative of the limestone theory.

Sandusky, at the time referred to, constituted the most important point of disembarkation on the southern shore of Lake Erie, and pos-

seased the only Rail Road connection with the Ohio River, while the largest class of steamers daily discharged their vast load of passengers and emigrants at our docks and depots.

The more opulent class were immediately conducted on their journey, by a train of cars held in readiness for that purpose; while the poor and ignorant emigrants were invariably detained for more convenient disposal and less expensive conveyances, and consequently all the cheaper and illy-provided houses of entertainment were filled with hordes of half-famished foreigners, huddled together in the most incommodious and ill-ventilated apartments, subsisting entirely upon the refuse vegetables remaining unsold in market, and sleeping promiscuously and unprotected upon their piles of loathsome luggage, having left but lately already contaminated cities or infected ships, and passed along attainted thoroughfares,—thus affording the most favorable circumstances for an ample display and extensive dissemination of the pestilence.

In this manner, and among this class of community, it was introduced and propagated at the time it raged with such relentless fury in this place.

The truth of this has been clearly illustrated in its subsequent visitations, when the current of travel had been measurably diverted to other channels of communication—at which times it prevailed with less degree of virulence or mortality, in this place, than in neighboring cities similarly situated and exposed, as demonstrated in its ravages at Toledo, Tiffin and Norwalk, in 1854. While those places were in a state of consternation and alarm, from the frightful exhibitions of the disease, Sandusky scarcely suffered at all, and the majority of cases that did occur were refugees from the former places.

Cholera has visited this city in all the important periods of its perigrinations over our continent, advancing in different directions at different times, uniformly pursuing the most frequented routes of travel, and attended with incidents of interest respecting the manner of its introduction and influences favoring its diffusion. I shall therefore endeavor to give as faithful a relation of facts and events as it was possible to obtain from others, or have been observed by myself.

*Cholera in* 1832–34.—The epidemic of 1832 was ushered into Sandusky from the eastward,—for the history of which I am entirely indebted to J. Weeden, Esq., an old and highly intelligent citizen, who was officially employed at the time in combating the disease, and who addressed me the following letter on the subject:

SANDUSKY, Feb. 26, 1856.

*Dear Sir:*—Since your enquiry of me about the course of the cholera in this place, at the time of its first appearance in our country, I have been unable to make the investigation until this time. The first appearance of the disease in this country, you know, was at Quebec, and very rapidly spread up the St. Lawrence, and all the adjoining water courses, until it reached the City of New York, in one direction, and the Lake country in another. In consequence of the great fear that was had of its approach, the people residing on the commercial thoroughfares attempted to prevent the spreading of the disease by sanitary precautions; in pursuance of which, the Commissioners of Huron County appointed Mr. Farwell and myself as Health Officers at this point. We had received our instructions but a few days, when the schooner Ligure, Capt. Wadsworth, arrived here from Buffalo with a number of passengers, one of whom had died of the cholera after the vessel had entered the Bay.

All the evidence that I can find of the time that the sickness remained here, at that time, are the receipts of our boatmen for services, from the 13th to the 26th of July, which also accords with my recollections of the time that it remained amongst us. During its prevalence here there was from thirty to thirty-five deaths, all of them strangers or persons of dissipated habits; so that when it had left us, we did not miss those that had died. During the time that the disease prevailed here, it also broke out in the township of Danbury, on the Peninsula, and carried off a number of the inhabitants. How it got there we were unable to determine at the time; but since then I have learned that the Ligure came to, outside of the Bay, and that one of her hands left her and went on shore sick, but he is still living.

In the year 1834, the first case of cholera was a man by the name of Childs, who came from Detroit here in the middle or latter part of August, to work in our ship yard; but sickened and died before he commenced work. It then spread through the town, and we lost many of our valuable citizens, as it seemed to prevail amongst a different class of people from what it did in 1832, and I think it was longer amongst us.

I have all the names of the persons that died in the town in 1834; the number was 48, of which 27 died of the cholera. There was no cholera on the Peninsula in 1834.

Dr. Tilden, who resided at Norwalk at this time, differs somewhat with the above statement, respecting its introduction in 1834. His account, as communicated orally to me, is as follows:

A body of troops were being transported on board the Sheldon Thompson, Capt. A. Walker, to Fort Gratiot, and soon after embarking for their destination were suddenly and violently assaulted by the disease, and a large number of the soldiers fell victims to the pestilence. Many of the dead were thrown overboard when nearly opposite this place; and nineteen bodies, subsequently floating to the Lake shore of the Peninsula and in the mouth of the Bay, were discovered by the inhabitants, and humanely recovered for interment, they being entirely ignorant of the nature or cause of their death, attributing it to some shipwreck or other casualty. Soon after the burial of the corpses, the disease assailed the scattered population of the Peninsula with a most violent onslaught, and reduced them to nearly one-half the previous enumeration. From this place it traveled to Sandusky, destroying many of its citizens, among whom was Dr. Anderson, the pioneer and most prominent physician of the place; and after prevailing with alternate degrees of mortality, for the space of about two months, silently took its departure, and proceeded on its mission of death, visiting the villages of Lower Sandusky and Tiffin, where it proved still more disastrous and fatal.

The treatment resorted to at this time appears to have consisted chiefly of calomel and opium alone, or combined with acetate of lead, and other astringents. A mixture of camphor, ether and laudanum was also frequently administered. Cayenne and black pepper, brandy and amonia were given, and hot applications applied in the stage of collapse. Other means of an empirical and experimental nature were given, not worthy of mention or like repetition.

The above statement comprises all the facts that could be collected concerning the epidemic of this period.

*Cholera of* 1849.—The year 1849, memorable for the wide-spread prevalence and devastation of cholera throughout the country, was one of fearful fatality and corresponding consequences to Sandusky. At first giving but an occasional intimation of its intentions, attracting but a casual notice, until suddenly exploding with an overwhelming force, it swept through the affrighted populace like a besom of destruction, withering with its upas breath the brave, the beautiful, the strong and the feeble, the affluent and the indigent, and persisted with unabated fury until the place was nearly depopulated by death or desertion. "Dismay stalked abroad in the daytime, and the drowsy night was hideous with the wailings of the disconsolate."

Many of the stricken were unpityingly forsaken by their friends and family, and left to the care and sympathy of the physician and

philanthropist; all business was suspended, stores closed and workshops shut, and their occupants fled or fallen victims to the disease; the busy streets were painfully noiseless and apparently deserted. No coffins could be procured, nor graves made for the accumulating dead; and soon but one physician remained to serve or see the sick. Dr. Austin was prostrated at the onset of the disease; Dr. Tilden became completely exhausted from excessive fatigue and family affliction, about the time of its acme; Dr. Lane eventually became ill, and Dr. Cochran was left alone, and stood steadfast and unfaltering at his post throughout the whole period of the pestilence, unceasingly dispensing his services and sympathy to suffering and sorrowing, in daytime and night. The remainder fled ingloriously from the field; but, to the honor of legitimate medicine, the fact that the recreants were all outsiders or empirics should be stated.

During this time a few fearless and self-sacrificing spirits strove to bring order out of confusion, and endeavored to furnish the assistance and supply the necessities of the occasion, as the Board of Health, organized at the advent of the disease, had dispersed, and the majority of them abandoned the place. Among the most efficient and untiring of these benefactors was F. M. Follett, Esq., and others, a number of whom fell martyrs to the disease, in their noble efforts to serve the sick. The names of other citizens, of both sexes, worthy of most honorable mention, are too numerous for special notice in a paper of this character.

A call was made to the sister cities of Cleveland and Cincinnati for aid, and a number of physicians and nurses rushed at once to the rescue. Hospitals were hastily arranged, services secured, and confidence restored, when the scourge began to succumb, and soon entirely disappeared. Among the first and foremost to respond to the call was Dr. H. A. Ackley, of Cleveland, "who, Putnam like," left his plough in the midway furrow of his own lucrative field, and, regardless of danger or pecuniary reward, started at the summons of his fellowmen, with his students and what other assistance he could command, for the scene of death and disorder, and, like the good Samaritan, poured oil into the wounds of the sick, and brought hope to the hearts of the besieged. The other principal professional coadjutors were as follows: Drs. E. Lauderdale and Spencer, of Cleveland, and Drs. E. P. Strader, A. F. Follen, C. A. Caroland, and Josiah York, of Cincinnati, and Dr. Vance, of Urbana.

But the remembrance of the invaluable and gratuitous services of those skillful strangers are engraven upon the annals of Sandusky, as

enduring as the rock upon which she stands, and treasured in the hearts of her people with the holiest affection.

The first case that was witnessed in the place was a young gentleman from New Orleans, by the name of Shephard, who was attacked on the cars between this city and Cincinnati, and arrived at the Mad River Depot on the 25th of June, suffering severely from the disease, and was kindly admitted to the residence of Dr. Cochran, after being denied an entrance at all the public houses, and under his care and treatment recovered. In the same week a German woman was attacked upon the same road, and died soon after her arrival here, at the Exchange Hotel.

The first case originating in the place was that of a Mrs. Allen, residing near the Mad River Depot, on the second day of July, which terminated fatally. The next day a Mr. Rosegrant died of the same disease. From that time it rapidly increased, but no accurate account of its mortality was observed or registered before the 19th of July. Up to that date there was known to be nineteen deaths, and from July 20th to 23d there were 21 deaths.

| | | | |
|---|---|---|---|
| July 24th, | 20 deaths. | August 3d, | 8 deaths. |
| " 25th, | 20 " | " 4th, | 12 " |
| " 26th, | 12 " | " 5th, | 4 " |
| " 27th, | 14 " | " 6th, | 12 " |
| " 28th, | 33 " | " 7th, | 2 " |
| " 29th, | 37 " | " 8th, | 2 " |
| " 30th, | 33 " | " 9th, | 9 " |
| " 31st, | 18 " | " 10th, | 5 " |
| August 1st, | 13 " | " 11th, | 7 " |
| " 2d, | 17 " | | |

From this time no daily reports were registered; and for further facts we have to refer to the following article, published in the "Sandusky Clarion," of November 22d, as containing the most reliable statement of all the returns. It says:

"The first case of cholera occurred on or near Monday, the 2d day of July, and the last in the city, of which we have any account, was on the 7th of September—thus lingering in our midst for sixty-eight days. On the 10th of August we published the following table, derived from F. M. Follett, Esq., who was, during the greater part of cholera, 'the Board of Health.'

| | | | |
|---|---|---|---|
| To August 7th, | 320 deaths. | To August 11th, | 25 deaths. |
| To September 7th, | 12 deaths. | Making a total of | 357 deaths. |

When the above table was made out, it was known that many were

not included in it, and it was thought that the true number of deaths of our citizens was 400, *vide Sandusky Clarion.* During the period of its greatest devastation, the population was computed to be not more than from eight hundred to one thousand souls; and so inadequate were the few laborers that could be obtained, to supply the demand for graves, that one wide, unseemly trench was made, and the dead indiscriminately deposited in one common sepulchre.

"The epidemic commenced at the western limits of the city, in the immediate neighborhood of the Mad River Depot, and created the greatest havoc in that and the central portion of the place most contiguous to it. The east end of the city escaped with comparative immunity.

"The weather during this time was gratefully cool and pleasant, the sky clear and unclouded, rendering the nights in the full of the moon brilliantly light and lovely."

The modes of treatment, previous to the arrival of the physicians from abroad, was very diverse and desultory, and appear to have been in a great measure experimental and unsatisfactory. No proper attendance or administration of medicine could be secured the sick, from the panic-stricken people, and the disease was generally permitted to pursue its course unrestrained, or as often aggravated by the interference of irresponsible or brandy-brave interlopers. Canon's cholera mixture, a most pernicious but popular nostrum, was at one time gratuitously dispensed. Hawthorn's mixture was a favorite remedy with many, and various other reputed specifics were much in vogue. Venesection was attempted in a few instances. Calomel alone, or variously combined with astingent, stimulant or narcotic agents, was the most ordinary administrative treatment. Common salt, pepper and vinegar, or water, in small or emetic doses, was sometimes given. Quinine, strychnine, chloroform and Bird's charcoal and sulphur pills were also among the plans adopted.

Cataplasms of every character, dry heat, hot applications, and warm and medicated baths were used as auxilliaries externally.

Nine hundred grains of calomel is credibly reputed to have been given to a lad ten years of age, who eventually recovered without any salivation or other evil effects, and is at present one of the most athletic and active boys of this city.

Four cases of Cholera occurred in the spring and summer of 1850. The first, a gentleman from Syracuse, N. Y., died at the Townsend House early in April, attended by Dr. Tilden and myself. On the 10th of April a Mr. Elwell was taken, directly opposite the Townsend

House, but recovered. On the 21st of April, an old lady by the name of Parker, residing in the Mansion House, had a most violent attack, but ultimately recovered. On July 19th, a gentleman from Memphis, Tennessee, arrived at the Exchange Hotel, with the disease, and soon after died. No other cases were known to have been in the city, and the ordinary health of the place prevailed throughout the balance of the year.

*Cholera of* 1852.—The subjoined account of the Cholera of 1852 is an abstract of a report read by me, before the Erie County Medical Society:—The approaches of this fearful disease created uneasy apprehensions, as rumors of its ravages in adjacent cities reached us, and its earliest manifestations were looked for with lively interest,—our people being rendered extremely excitable from the terrible visitation experienced in '49.

The first exhibition of the disease in our immediate vicinity occurred at Venice, a small and isolated village about three miles distant, where a whole family were swept off in a few days. They had but recently received a trunk, containing the clothes of a relative who had died of the disease on the Ohio River, which they had exposed and washed for preservation. These facts are alleged and accredited upon the authority of Drs. Tilden and Hoyt, who were in attendance upon them.

An old lady residing in this city, and a relative of the family, visited them during their illness, and was immediately attacked, on her return home, and died.

Contemporaneous with the above events, a general disposition to diarrhœa began to develop itself in our midst, resembling in all particulars the cholerine, as described by authors, and occasional well-marked cases of cholera were reported, occurring principally among the patients of our German practitioners.

The first well-attested case was an Irish laborer, attacked on the evening of the 21st of July, at an Irish boarding house on Water Street near the Mansfield Depot. The same night I was called to see a German on Franklin Street, in the immediate vicinity of the first. Both were fully developed cholera, but both fortunately recovered.

The next night I was summoned by Mayor Follett to visit three German emigrants, suffering from the same disease, at a German tavern situated directly between the two former places, who were subsequently removed to the hospital, where two soon after died.

After the above demonstrations, considerable alarm and excitement pervaded the place, and many of our citizens began to leave the city,

while the importance of at once providing a hospital for the reception and concentration of the emigrant and indigent portion of our population became obvious and imperative.

Through the indefatigable exertions of the Mayor, aided by an intelligent and energetic sanative committee, such an establishment was furnished and supplied with most commendable dispatch, by converting a commodious but unfinished church to that purpose. This was divided into a male and female ward, and was opened for the admission of patients on the 31st of July, and contained that night five patients afflicted with cholera, and remained more or less occupied until the 16th day of September, when it was finally closed.

During this period there were admitted 87 cases of cholera. Five of this number were *in articulo mortis* when received, and consequently had no further attention than removal upon demise. 57 were discharged cured, or convalescent, and 30 deaths occurred in all.

The sanitary committee daily explored all parts of the city, and conveyed the impoverished and uncared for cases to this place without delay. Having been entrusted with the medical management of the concern, I instituted the best regulations that the limited means at my command would admit of, and contributed an equal portion of my time between it and my private practice.

The usual mode of treatment adopted, differed somewhat in accordance with the prominent indications and stage of the disease presented at the time of reception. When seen at an early period 10 to 12 grs. of calomel were given at an interval of one or two hours, as the urgency of the case demanded. If this failed to arrest the vomiting and purging at once, it was subsequently continued by throwing the qr. to a hf. gr. of dry calomel upon the tongue every five, ten, or fifteen minutes, and swallowed by means of crushed ice dissolved in the mouth, which was liberally allowed, and gratefully served to assuage the ever present torments of thirst. This was alternated occasonally with 1 or 2 drops of laudanum, administered in the same way, while cataplasms of mustard and vinegar were freely applied over the præcordia, and to the abdomen, between the shoulders, and to the extremities. Frictions with the uncovered hand, or coarse flannel slightly saturated with some warm and stimulating liniment or embrocation, were vigorously applied upon parts afflicted with cramps. These measures were steadily pursued until the more violent symptoms moderated, or a change in the character of the discharges effected.

At the same time any auxiliary adaptation to incidental indications were promptly adopted. If any degree of pain or tormina existed,

or the discharge ejected with preternatural force, they were measurably controlled by injections of acetate of lead and laudanum, by compressing a towel wrung out of cold water to the fundament, or what proved in a number of cases decidedly effective, was the introduction of anodyne suppositories, composed of opium alone, or combined with tannin, and repeated as often as expelled; a recumbent and quiescent position of body was also strictly enjoined.

The above measures sufficed, in a large proportion of cases, to arrest the violence of the disease, and reaction more or less actively supervened, after the complete establishment of which moderate doses of castor oil or syrup rhei were given, until feculent and sufficient discharges were obtained; while iced milk, chicken broth, beef tea, or rice in different forms, were allowed as recuperative agents and diet.

In a large majority of the fatal cases, death ensued as the result of secondary sequences, supervening upon the most flattering evidence of rapid recovery.

The character of these sequences resembled most closely the symptoms of an asthenic form of meningitis. Insidiously approaching by a gradual disposition to drowsiness, dullness of perception, and listless indifference, and soon disclosing a grade of febrile action, with tense and quick pulse, furred tongue, incessant jactitation, and developing a character of peculiar dementation, eventually terminating in deep and unrelenting coma, and slow but subsequent death.

This embarrassing and implacable condition was presumed to depend upon the great loss of serum sustained by the circulation, and the consequent inspissation, congestion, or diffused irritation in the vessels or investments of the brain. The remedies resorted to for the relief of this state of the complaint, consisted chiefly in refrigerant diaphoretics, restorative diluents, and the application of blisters, but rarely with any beneficial results, and recoveries were only realised through a long protracted and perilous convalescence.

It was also clearly ascertained, that such as had been subjected to the indiscriminate adhibition of cholera nostrums, previous to admission, more rapidly relapsed into this state, than those who had received no attention whatever, an obvious fact of the detrimental effects of the ingredients usually incorporated in the specifics so highly extolled and coveted by the people. The same results were also observed to follow the free exhibition of opium in any form, which only served to prolong the cure, or completely extinguish what little vitality, or "*vis medicatrix natura*," that was not already expended in the violent exertions of the disease. The above simple course of medication has been the

most satisfactory to myself of any other plan adopted, in previous as well as the present visitation of cholera, and been as successful in results as any practice I have seen pursued by others. And should a like recurrence of the epidemic require my services, would rely upon the same plan in preference to any other yet recommended.

Considering the nature of the primary impression to consist in an action of direct, deadly, and general sedation, induced by some subtle and inexplicable atmospheric condition, or electrical production, introduced through the function of respiration, into the elementary constitution of the blood, altering and destroying its corpuscular arrangement and organization, essentially establishing a blood disorder. And when a sufficient dissemination and maturation of the poison has taken place, its lethiferous influence is evolved, and diffused over the distal and sentient system of the whole economy, and from thence irradiating to the great nervous centres of both animal and organic life, distracting their integrity, and resulting in a morbid, impaired and irregular reflection of general innervation, subverting functions, and ultimately paralyzing vitalization in all tegumentary, vascular and nervous tissue, thereby inducing congestion, corrupting cohesion, and exciting general irritation, and consequently developing all the striking phenomena displayed by the disease, as excessive serous transudation, peripheral contraction, inordinate muscular action, enfeebled innervation, deficient calorification, and extreme exhaustion.

In accordance with the above view of the nature of the complaint, calomel offers more remedial adaptation, in my opinion, than any other agent yet proposed, from the powerful impression it is capable of producing in the first instance, thereby arresting the further progress of the disease. And its well-known catylitic operation in other contaminations of the blood, as well as its alterative influence over the glands and secretory surfaces; and by a persevering course, in doses adapted to the diminished degree of absorbent power, a gradual introduction is secured, and a proportional counteraction of the infection accomplished, a renewal of absorption effected, hepatic secretion restored, and vascular endosmose restrained; all of which have been conspicuously fulfilled under its administration alone. And as an unequivocal evidence of such action are the pathonomonic dejections as occur from its operation in other derangements and diseases, while the appearance of which in cholera are invariably attended with favorable changes and rapid improvement.

A liberal allowance of crushed ice, in the place of water or other drink, allays thirst, and quiets the entreaties of the patient, sedatively

soothes irritability of the stomach; and serves to supply the demand for fluids in quantities accommodative to the impressibility and diminished capacity of that organ.

Cataplasms were applied as counterirritants, with the view of modifying, recalling, or equalizing innervation and circulation, thereby deriving from internal vascular determinations and local congestions. These were suspended in cases of extreme collapse, or when complained of by the patient, and dry heat substituted, as under such circumstances they serve to disquiet and still more depress the vital forces, upon the preservation of which reaction alone depended.

Beef tea, chicken broth, etc., were given as restoratives and gentle corroborants, and served to moderately excite a resumption of digestion and assimilation, and reaction from exhausted energy, without the dangerous determinations so likely to follow the use of medicinal stimulants.

As a corrective cathartic or gentle evacuant, the aromatic syrup of Rhei, or emulsion of Oleum Ricini and Terebinthini, usually fulfilled the object adequately.

There was a national trait of character quite observable to all. While the Germans would succumb with resigned indifference to their fate, and even support their sufferings with uncomplaining sullenness, the Irish or American would manfully struggle for the mastery, and only yield the contest when overcome by collapse.

As to temperament, the nervo-billious predominated, and to such an extent as to particularly impress me with the fact. Even among the Germans, where light hair and fair complexion constitute a national feature, the large majority were dark haired and dark visaged.

Some meteorological influences were also quite apparent. The prevalence of easterly winds was attended with a rapid increase in the number of cases, and especially so when accompanied with damp and heavy weather, while a change in its direction correspondingly diminished the violence and number of attacks.

The last case of cholera witnessed this year was on the 23d of September, which terminated fatally. But the disease had disappeared as an epidemic by the 8th of September. The number of cases visited in my private practice were 74, and the number of deaths 23.

*Cholera of* 1854.—The cholera reappeared in Sandusky in 1854, but scarcely reached an epidemic character. The large majority of cases were among the recently arrived emigrants, seafaring men, or refugees from other places, and only occured among our citizens in isolated attacks, at considerable intervals. The first case in the city

was on the 10th of July, that of a French emigrant just arrived from sea, who recovered. Seen by Dr. Donahoo.

The next was on the 12th of July, in the practice of Dr. Donahoo, that of a woman just arrived from Dayton, and soon after died. On the morning of the 14th I was called to see a seaman, on board the schooner Velocity, direct from Detroit, who was far advanced in the complaint, and was carried to the hospital, then just opened, where he subsequently died.

Below I furnish an abstract of a report, made by Dr. Cochran, before the Erie County Medical Society, in whose charge the hospital was placed.

I copy the remarks of Dr. Cochran in full, from the high estimate I entertain of his views, and from the ample opportunities that have been afforded him for observation, as well as the energy and success with which he has ever pursued and combatted the disease:

*Recapitulation of Cases Detailed at length in the Report.*

| | |
|---|---|
| Whole number admitted, | 21 |
| In articulo mortis when admitted, | 3 |
| Whole number treated, | 18 |
| Collapsed cases | 11 |
| Deaths, | 6 |
| Recoveries, | 15 |

"The cases treated in private practice were similar to those in the hospital, except that they were seen at an earlier stage of the disease; the treatment was precisely the same.

Number of cases treated in private practice were 32; deaths, 4; recoveries, 28.

"The foregoing were reported, simply because the writer supposes the only way to arrive at the proper method of treating the disease, is by comparing the cases of each.

In all the earlier epidemics, patients in the stage of collapse, were considered hopeless, and left to their fate.

In the year 1849, Dr. Ayer, of England, published in the London Lancet a series of articles on the pathology and treatment of epidemic cholera, and reported cases, illustrating his great success in treating them in the collapsed stage of the disease. In the American reprint of that journal, vol. 9, page 118, the Doctor says:

"Calomel, therefore, in the minute doses of one or two grs., with a drop or two of laudanum to assist the stomach to retain it, and given every five or ten minutes, was my sole remedy in the stage of collapse."

"This system of treatment was justly hailed by the profession as a decided improvement upon any practice then known. By it not a few were rescued from impending death; but too frequently in the cases within my observation, when the hopes of friends and attendants were raised by the establishment of reaction, after a brief period of apparent amendment, the patient would yield to uncontrollable stupor, and sooner or later sink with all the symptoms of congestion of the brain, or possibly recover after a long course of consecutive fever of a typhoid type.

"The repeated disappointments attending this *mixed* treatment, and the experience gained by a somewhat extensive practice in the epidemics of '49 and '52, and '54, have finally produced, in my mind, the entire conviction, that opiates are dangerous agents in the treatment of the collapsed stage, and my conviction of the inutility of their use in any stage of the disease, is no less clear.

"There is no doubt that many cases of incipient cholera may be cut short at once by a resort to opiates. But a distinguished physician from a neighboring city, who did good service during the epidemic in our city in 1849, and advocated Hawthorne's method of treating cholera, acknowledged to me that if he failed to strangle the disease by the first dose of the medicine, the probability of recovery was small; and my own experience not only satisfies me that his remark was correct, but that if diarrhœas treated, during prevalence of cholera, by opium in any form, was not cured immediately, the succeeding stages of confirmed cholera was much less manageable than similar cases where no opium had been given.

"The most unmanageable cases with which I have met, have been those that treated themselves for a time, with laudanum, or some of the numerous cholera mixtuers that are to be found in the drug stores, and recommended as specifics.

"In conclusion I may state my views thus. In the forming stage of cholera give full doses of calomel, and if one or two doses do not check the disease, and the patient approaches the stage of collapse, resort to minute doses of the same medicine, at intervals of five or ten minutes, and continue without interruption until reaction is established, or all hope has departed.

"By this treatment, when reaction comes on, as come it will, if any medicine now known will effect that end, the cure is effected, nothing further being required except gentle aperients and appropriate diet."

In my own practice I visited this year 29 cases, eight of whom were strangers, and arrived here in an almost hopeless condition.

Five cases I saw in consultation in the last stages of the complaint.

Of the whole number there were eleven deaths and eighteen recoveries.

The attacks among our own citizens were manifestly modified and moderated in character from the previous visitations of the disease, while the cases from abroad displayed all the violence of symptoms observed here in former years, a fact strongly corroborative of the existing opinion at that time, that no epidemic influence pervaded our city.

The year 1855 was one of continued general health in the city, while the surrounding and adjacent country was peculiarly rife with every variety of malarial fevers.

The only disease of any gravity whatever was a very malignant form of cynanche, which visited a limited number of families, a description of which was communicated by me and published in the January number of the Western Lancet for 1856.

The year 1856 was one of more than ordinary health, no diseases of any gravity or amount whatever prevailing.

"H."

# REPORT OF THE
# COMMITTEE ON THE PRACTICE OF MEDICINE.

*(Manuscript not received by Committee on Publication.)*

"I."

# REPORT OF

# THE COMMITTEE ON MEDICAL LITERATURE,

BY

WILLIAM J. SCOTT, M. D., CHAIRMAN.

Your committee are happy that they are able to say, that in the past year or two medical literature has received many and important contributions in the various branches of medical science, which will advance our knowledge materially on some of the most important and difficult parts of our practice. Many of our own countrymen have contributed productions honorable alike to themselves and country. In the various departments of the profession we have men now engaged, who are able to do their subjects justice, and render themselves proficient. We are daily receiving new and profound views on pathology, physiology, pathological and physiological anatomy, which are greatly extending the views and resources of our profession. Special pathology, and the various branches of the practice of medicine and surgery, have their cultivators of no less assiduity. Recent views cannot now be neglected with credit to ourselves and justice to our clients.

But we more especially congratulate the profession on the gradual introduction into our literature of a medical philosophy enlightened by knowledge derived from the collateral sciences, and from, as we conceive, logical deductions derived from facts and generalizations of medical science.

The present views of material and chemical philosophy, and of electricity and magnetism, are modifying the philosophy of medicine. The accurate and thorough investigations in these sciences, by some of the first scientific men in the world, go far to show that the conclusions at which they have arrived are correct. Now our writers on medical philosophy are not able to see why the same course of reasoning is not equally applicable to the changes which take place in organized bodies; are not governed by the same laws, with this important dif-

ference, that the changes of organized bodies are subject to the influence of the vital forces. Influenced by this impetus, the vigor with which, in the past few years, the phenomena of living have been investigated, has greatly contributed to our knowledge, and opened a wide field for thereputical and practical application.

The phenomena of the nervous system, enlightened by our knowledge of the laws of electricity and magnetism, have now obtained, in most instances, something like a rational explanation.

The lights whom we delight to follow, both in physical and medical philosophy, are approximating the same conclusions. Recent searches go to show that electricity and nervous for is only analagous, while in their modes of action they are in many respects very similar, but not identical. There is a strong probability, amounting to a moral certainty, that the conduction of nervous and electrical forces through their media are a series of consecutive changes, manifesting themselves at the termini of their media. We confess there seems less of mysticism in this explanation than in the hypothesis of either one or two currents. This view is now gaining the support and adoption of the first philosophers of the day. Todd and Bowman, in their physiological anatomy—quoted approvingly by Dr. Carpenter, in his human physiology—say:

"Although, for the sake of convenience, electricity and nervous power are spoken of, here and elsewhere, as actual *entities* or *agents*, travelling in currents along the wires or cords that conduct them, it must not be forgotten that the present tendency of scientific enquiry leads us to abandon such an idea, in the former case at least; what is commonly termed the transmission of electricity being the result of a *molecular change*, instantaneously occurring along the whole length of the conducting body, in virtue of a disturbance in the polar arrangement of its particles at one extremity, which causes a similar disturbance to manifest itself at the other."

If we approach the subject of pathology we find it one of equal interest. A recent author defines pathology "as interpreting and systematizing the phenomena furnished by the body in disease—the primary recognition of which has arisen in the auxiliary and anterior labors of the morbid anatomist, the morbid chemist and the clinical observer; it constitutes the rational element in the science of medical observation."

You will observe, in this definition, an element which has not as yet received the attention which the importance of the subject demands. The morbid chemistry of the body in disease opens a rich

field to the medical observer, worthy of his most diligent cultivation. A correct knowledge of this subject necessarily requires familiarity with healthy vital chemistry. Armed with this knowledge, we come to the investigation of pathological anatomy with a decided advantage, to understand the phenomena of which, we must look beyond the mere morbid appearances.

As, for instance, in typhoid fever, to fully appreciate the appearances and symptoms, we must look beyond the inflammation of Peyer's glands,—the subsultus tendinum, or the delerium and coma, and inquire as to the cause of these phenomena.

In rheumatism, gout and scrofula, that is a very limited and inadequate pathology indeed which only refers to the pathological anatomy of these diseases.

Plainly, to make medical philosophy and medical literature what it ought to be, we must cultivate chemical pathology, as an important element in the foundation of a sound medical literature and education.

Within the past few years the pathology of the blood has received such elucidation as to render important service to the practice of medicine. By the close study of this kind of philosophy we may only hope to put limits to systems of quackery, which at present have such extensive patronage in every community in this country.

Let medical men feel that they are able to meet diseases with a definite knowledge of their pathology and a rational treatment, and a more effectual barrier will be erected against the charlatan than by any other means. But while many will come to the treatment of disease with an indefinite hypothetical knowledge of what is required of them, "science may have its optimists,—believers that all things are for the best—that the millennial glory of perfect knowledge is at hand, and can they account for the prevalence of Mormonism, clairvoyant mesmerism, silecian hydropathy, infinitesimal homœopathy, spiritual knocking and ghostly saturnalia, as being indubitable proofs of the superior intelligence and profound researches of this progressive age? Is pure reason as yet popular in any of the moral, physical or medical sciences? Has it been? Will it be paramount? The Kants the Newtons, the Bichats and Franklins, still belong to the minority."

These phenomena, so far as they are honest beliefs, should be referred to the psychologist on mental diseases, and, so far as they are held as a deception for profit, their subjects should be committed to the tender mercies of the turn-key. Notwithstanding all opposition, the true philosophy of medicine is advancing, and now many of the "opprobria medicorum" are becoming subservient to our means of

medication. By investigations of diseases acting on the body, determining the changes which invariably take place in certain diseases, in the blood, in the secretions and excretions, how they differ from health, we arrive at a practical knowledge.

This much being accomplished, the next step in a rational inquiry is the therapeutic agents, which will remove most effectually the morbid materials from the blood, and thereby restore it to a normal condition. Much progress has already been made in this interesting inquiry. And much remains yet to be done to arrive at any thing like perfection in this kind of therapeutics, (see Headland on modus operandi, Bird's urinary deposits, and R. B. Todd's Lumnesan Lectures and communications on the effects of remedies.)

The philosophy of therapeutics has thus been, of late, receiving special attention at the hands of men competent to increase our theoretical and practical knowledge. As yet, so far as we are informed, these views of the modus operandi of medicines have only partially received a permanent form. They are scattered through periodicals as from time to time they have been contributed by their authors.

The philosophy of mental diseases has not, thus far, received its share of attention by adepts, in consideration of the paramount importance of the interests, the happiness and suffering involved.—Healthy mental acts are well understood. But we need a Lock, a Cousine, or a Brown, as logically to analyze morbid mental phenomena. The abstruseness of the subject, and the difficulty of obtaining a sufficient number of accurately observed and well authenticated facts, which would serve as a basis of any generalizations, may be the reason why more authors have not turned their attention to the subject. In this State, we have the facilities for the elucidation of the subject, if time, money and talent were devoted to its investigation. With us there are other reasons why no great progress has been made in the philosophical discussiou of the subject. The tenure in office, of our superintendents of Lunatic Asylums, being dependent on political changes, rather than the merit or demerit of the incumbent, is an injury both to the institution and the knowledge which we ought to derive from so grand a field of observation. The want of time to medical officers of institutions in this country, prevents their giving such attention to the collation of facts as would be of service in settling points of pathology in the different varieties of mania. At no institution in this country are suitable apparatus provided, if we can judge from reports, for making suitable experiments as indications of treatment. That mental states effect the functions of the body we

all know. But what effects the different forms of mania have on the body, whether the same or different, we are not informed. Whether the indications of treatment are alike is a matter of interest.

There are good reasons for supposing that mania brought on by various causes has different effects on the body. We know that after hard mental labor, the results of the waste of a particular tissue may be found in the excretions. So mania resulting from mental application would differ, in its effects, from that resulting from emotional states of mind; the one acting directly on the brain, and the other acting upward on convolutions of the brain, and downwards on the heart, digestive apparatus and secerning system, and thus ultimately on the whole organism. Paroxismal, moral and expulsive insanity, depending upon particular conditions, may have their own results. There is now no more extended, untrodden field than this, open to the investigations of the chemical pathologist. And why should not we, the profession in Ohio, improve it?

Our periodical literature, we are glad to say, is year by year assuming a higher standard of merit. This part of our literature is one of great importance. Through this medium we may derive knowledge of the advance of literature and science. A few years since, Dr. Carpenter brought down to that time the subject of physiology with marked ability. Since, we have learned, through our journals, important advances made by the labors of Bernard, Brown, Sequard, Marshall, Hall and others. So that, to-day an author may write up his subject, and to-morrow he will be behind the times. It is therefore not only the privilege but the duty of the medical man to acquaint himself with the literature and the science of the day. The influence of the reviewer, in this age of book making, is of much importance. His course should be one of independence, remembering that praise and censure come equally within the province of the critic. Though "praise or censure, awarded by chance, without analysis and just appreciation, are powerless for good—mighty for evil." Many of the reviews we read do not make the analysis or discrimination. The author expects commendation. The gift of a book from the author or publisher, howsoever desirable to the donee, should be without effect on the opinion to be expressed of the work. Many books are now written, not to be read for the sake of information and instruction, but to be reviewed and sold. Boileau says: "The misfortune of a book is not being ill spoken of, but the not being spoken of at all." A correct analysis of the philosophy and salient points of a book will assist us often in forming an opinion of a book—whether we ought to buy it. Hence, conductors of journals should correctly represent the author's views.

"J."

# REPORT

OF THE

# COMMITTEE ON UTERINE DISEASES,

BY

R. R. McMEENS, M. D., Chairman.

On observing my appointment as Chairman of the Committee on Uterine Diseases, as published in the transactions of the State Society of last year, a correspondence was had with the other members of the committee, in reference to the practicability of conjointly elaborating a comprehensive report on the subject. In reply, J. D. Robinson, of Wooster, informed me that he would have to restrict himself to a relation of several cases of ovarian disease, met with in his own practice. The other member of the committee stated that circumstances of an imperative nature would preclude any participation on his part in the matter.

While conscious of my own incapacity to perform the task unassisted, to either the edification of the profession, or to the satisfaction of myself, and yet sensible of the obligations imposed upon me by the appointment, and with an ardent desire to do my duty as a member of the body, I shall offer a few preliminary observations, with the detail of several intractable cases of uterine disease encountered in my field of operations.

In reviewing a period of seventeen years experience in country practice, and with country practitioners, I am fully convinced that no class of diseases are more indifferently investigated, or inefficiently and empirically treated than those of the uterus. Not so much, in a majority of instances, from ignorance or neglect on the part of the physician, as from the peculiar circumstances that surround the patient, and their prevailing infatuation for newspaper nostrums.

The affections of this organ necessarily demand a more minute examination than the usual narration of symptoms, and hasty or hy-

pothetical conclusions, and more time, attention and convenience than either physician or patient can command. The more ordinary obstacles of intervention, are distance of residence, importance of domestic duties, or degree of country diffidence, precluding any tactile or instrumental explorations of the diseased part. From these causes we more frequently meet with chronic and inveterate cases of uterine disorder in the country than is witnessed in cities and towns where medical services can be more readily and less expensively obtained. The proportional ratio in which these exist, may be enumerated in the following order:

Excessive and debilitating characters of leucorrhea, partial and persistent cases of prolapsus, displacements of the uterus, amenorrea dysmenorshœa and menorrhagia, ulcerations of the os and cervix uteri, and injuries resulting from the improper management of, or use of instruments in parturition.

In submitting the history of the following cases, I presume to merely portray the peculiar phenomena displayed, the treatment prescribed, and their condition at present.

*Case 1st.—Hypertrophy of the uterus, with excessive catamenial profluvia.* Mrs. C., an intelligent and accomplished lady, of nervo-sanguineous temperament, full physical configuration, and in the enjoyment of uniform good health previous to parturition, was taken in travail in her thirty-first year, on the twenty-first of April, 1851. Her labor was lingering and painful, lasting as long as two days and one night, at the end of which time, after the free exhibition of ergot, she was delivered of a still born fœtus of eight pounds weight, and immediately after the extraction of the placenta, suffered from a profuse degree of hemorrhage, producing such great prostration as to confine her constantly to bed for the space of three weeks, after which she rapidly recovered without further accident, and was apparently restored to her former standard of health, and so continued, without observable change until February, 1855. At this time her attention was first attracted by the unusual flow of the menstrua, and soon after became sensible of an enlargement of the hypogastrium. Both of which conditions continued to increase *pari passu*, and with it a manifest anæmia of the system generally, with more or less degree of constitutional debility. This state of things rapidly increasing, she visited Philadelphia for the purpose of consulting Dr. C. F. Meigs. At that time the enlargement was about half the size of its present dimensions. Dr. Meigs first saw her the following December, and upon receiving her relation of the case, prognosticated the existence of a ute-

rine polypus. Upon her alledging the fact, that a sensible diminution of the abdominal enlargement occurred after each catamenial deflux, he strongly expressed his incredulity in, or possibility of such a thing.

After instituting a careful and thorough examination subsequently, he was unable to discover any polypus, but predicted that one would probably manifest its presence hereafter. Furnishing her with a diagram of what he considered to be the shape and development of the organ, and advising the continued use of Quevenne's Iron, and outdoor exercise. She returned to this city, and placed herself under the care of Dr. Tilden, who, in addition to the Iron, administered the water of Iodine. Such are the prodroma of the case, as detailed by the patient herself.

I first saw the patient in November, 1856, during the absence of Dr. Tilden from home, and who had not seen her for some time previous to his departure. She had been suddenly seized with a feeling of syncope, and found her on my arrival in great distress from dyspnoea, palpitation of the heart and harrassing cough. She was in daily expectation of her menstrual flow. Her appearance was highly hydraemical, the pulse small and rapid, tongue clean, the voice tremulous, and a sense of general oppression. The fundus of the uterus could be distinctly traced for an inch above the umbilicus, and felt precisely as in pregnancy. The touch revealed nothing abnormal beyond a slight degree of procidentia. Considering the accelerated circulation and oppressed innervation as the most important indications for the moment, I prescribed the Tinct. Digitalis, and Tinct. Opii. Camph. in combination, which afforded her some relief. The next morning the catamenia came on profusely, resembling a menorrhagical flow in quantity and character. The Tinct. Ferrimuriatis was ordered. The discharge continued for four or five days, the usual period with her. On the two first days she would saturate as many as thirty to thirty-five napkins. After its subsidence, on re-examining the abdomen, there was an apparent diminution of prominence, as previously remarked by herself. She was recommended to resume the Hydrated Iron in more liberal doses, and to avail herself of all the carriage exercise that the season would admit of—as iron and oxygen was obviously indicated in her anæmical aspect. Under this treatment she again recuperated, and improved in color of countenance and bodily vigor.

The catamenia continue to recur with the most perfect periodicity, and with nearly the same excess in quantity. The enlargement she thinks may be somewhat diminished. The pulse rates about 84 per

minute; respiration 24. No cough, dyspnœa or other troublesome concomitants remain, with the exception of occasional neuralgic pains in the loins and limbs. She exercises daily, enjoys society, and engages in most of her household duties, and is now in her 37th year of age.

The novelties comprised in this case consist in the nature of the exciting cause, the hyperæmical alternations which occur, and the pathological character of the hypertrophisation. If produced by Polypi, there should have been some manifestations of their existence before so long a period of time had elapsed, and some interruption or supervention of the mensual profluvia, as well as aggravation instead of amelioration from active exercise. As to the other phenomena, there appears to be an undue vascular determination to the uterus, increasing its vascular capacity, and acquiring an unusual accumulation of blood to be discharged at each ovulatory emission, and resulting in a degree of permanent enlargement of the organ, by instertitial deposit and muscular development.

*Case 2d—Intractable Dysmenorrhœa.*—Mrs. L., a young married lady, consulted me in December last, while suffering from an unusually prolonged dysmenorrhœical paroxysm. I found her writhing and groaning with pain, otherwise presenting every appearance of robust health, a full and rather florid face, rotund figure, and in her 25th year. She informed me that she had suffered in like manner from the first appearance of her catamenia, and had been dredged with all kinds of drugs, and by Doctors of every degree. The history of her case, as received and revised, is as follows:

The catamenia appeared at the age of thirteen, and being totally ignorant of the nature or necessity of the function, she resorted to a creek in early spring, to erase the stain upon her clothing and person. This act was followed immediately by fever and great pain, and an entire suppression of the menstrua for two months subsequently, but at each period of its return suffered much and severe pain. After this, it again re-appeared in a very slight degree, accompanied with distress, and tenderness of the right hypogastrum, which extended to the right side of the back and right hip; and she alleges that the pain has never extended to the left side of the abdomen or back. Up to this time she had received no medication, beyond the simple teas administered by her mother. She was then attacked with intermittent fever, which persisted in its occurrence more or less frequently for a year and a half; for this she was treated by the physician of the place, who also undertook to restore the menstrual derangement; but failing

to effect this, she was induced to seek the services of many others, but with no better success. The measures chiefly resorted to were venesections, cuppings—52 of which were applied in one night,—blisters, rubefacient liniments, cataplasms and pain killers. Of internal remedies she remembered that of Iron in various forms and combinations, morphine and strychnine, guiacum, arsenic, tinct. lyttae, &c.; conjoined with these were warm baths, introduction of bougies, electricity, and vaginal injections, together with a host of homœopathic pellets. But her principal resource in pain was laudanum, taken almost ad libitum. At this time she was taking tablespoonful doses, without any very sensible effects, and I was told by herself and husband that she had taken a teacupful in three doses.

Her menstrual discharge was always small in quantity, possessing but little color. The pains commence with each periodical recurrence of the catamenia, and usually acquire their utmost intensity immediately on the cessation of the discharge. After a time they apparently assume a paroxysmal character, and recur almost periodically. They generally begin to subside in about a week or ten days, but not unfrequently continue to within a few days of the anticipated return.

Among the many Doctors she consulted, one quaint old fellow emphatically declared the marital bed as the only reliable remedy for her relief. His advice was considered most censurable, of course; but upon subsequent reflection, or the ordinary motives governing such matters, she soon after became married, and in sixteen months thereafter was pregnant. During the whole period of her pregnancy, she enjoyed the most excellent health, and rejoiced in the hope that she had at last found a "balm in Gilead." But she was unfortunately seized with premature labor, and lost her child at seven months, and with the return of the catamenia suffered all her former agony. She again conceived in five months from the loss of the first, and with the like exemption; but was again prematurely confined at the seventh month, and with a like return of pain. Both children were well formed, but still-born. Seven months have since elapsed without a reconception, and each menstrual period has been one series of the most excruciating torture.

I now made a personal examination of her case. The pulse was but little accelerated; tongue slightly furred; some tenderness of the right hypogastric region, giving a sense of turgidness of the tissues under the integuments, on pressure. The touch revealed the os tincae strongly inclined to the left side, but readily restored to its normal position. On the right side of the os there was a prominent fullness

of the surrounding tissues, conveying the impression of an existing tumor, pressure upon which was painful, and a very pulsatile throbbing of its superficies. Deferring either diagnosis or prognosis in the case, I prescribed free doses of camphor and opium, warm fomentations over the abdomen, and the injection of a decoction of capicuta leaves per vaginum. These affording no prompt or particular relief, injections of laudanum per rectum were given with great success for the time being. The paroxysms continued to recur for nearly the usual length of time, and then disappeared, when she appeared cheerful and active, but with the forebodings of what a few days would surely bring forth. Upon a re-examination at this time, no evidence of the tumid tissues, before alluded to, could be detected, and the os tincae was perfectly normal in position and all other particulars. The repeated introduction of graduated bougies was recommended, and the use of the black snake-root, as directed by H. Gatch Carey, in the first number of the Medical Counsellor. Under the influence of these she experienced a greater flow than at any previous period, and with comparative comfort. But subsequently she relapsed into all her former severity of suffering, and is likely so to continue.

*Case 3d—Hysteralgia, excited by Secale Cornutum.*—This painful condition of the uterus, suddenly excited without any previous irritability, and directly attributable to the influence of ergot, has not, I believe, been frequently met with. Having witnessed a violent exhibition of its action upon the nerves of that organ, I have concluded to submit its history to the profession.

Mrs. H. S., a young and recently wedded lady, of fine features and faultless form, found herself soon after marriage in that "peculiar situation" said to be so ardently desired "by all ladies who love their lords." Yet, reluctant to add so speedily to the happiness of her husband, by increasing the small stock he already possessed in that way, by a previous relationship of the same kind, was induced by one of those meddlesome matrons, met with in every community, to quietly "nip the bud in the blossom" by taking some secret decoction prepared by herself expressly for that purpose. This proved to be nothing more or less than an infusion of the secale cornutum. This had been taken for ten or twelve days without any sensible effect, and was accordingly abandoned, from disappointing the expectations of both patient and pretender. But in a few days afterwards she was seized with sudden and excruciating pains in the limbs and lower part of the abdomen; these soon becoming intolerable, she was forced to send for medical aid, and Dr. Tilden was summoned to her assistance, and

succeeded after a time in ameliorating her sufferings. But these returning soon after his departure with increased violence, I was hastily called for the occasion. She was in extreme distress from the intensity of pain, requiring a degree of bodily restraint. There was some fullness and frequency of pulse, occasional vomitings, which were followed by severe crampings of the lower extremities. Considerable tenderness over the region of the uterus, a feeling of painful procidentia, frequent micturition, and a preternatural heat of the genetalia. In examination per vaginum, found the vaginal tract very much contracted, the os exquisitely sensitive and firmly closed. Anodynes and narcotics, variously combined, were freely given; a hip bath ordered, and injections of laudanum per rectum administered. Under this treatment temporary respites were obtained, and after several returns of considerable severity, eventually disappeared.

What impression the ergot may have had upon the fœtus, I am unable to say, the lady removing to another state soon after her recovery. The above case is confirmatory of the specific direction of the ergot to the nervous centres of the uterus. The reason of its more prompt action in the moment of parturition may be owing to their exalted susceptibility at that time, while in the opposite or less impressible state of the organ a longer time would be required for the same display of power.

*Case of Instrumental Injury.*—In November last I was requested by a German to visit his wife, residing near the village of Venice, whom he represented to be suffering from injuries inflicted by instruments used in extracting a child, some six weeks previously.

The circumstances of the case, as related by themselves, in the presence of Dr. Harovitz and myself, are as follows:

She had secured the services of a self-styled "French Surgeon" for the occasion. She was the mother of three large, healthy children; her labors had always been somewhat lingering, but terminated safely and without any manual assistance. A confrere of the Doctor's was in waiting at the house for his company home; and becoming impatient to leave, he promised him if it did not, "come soon" he would bring it. No progress being made by the pains, he shortly after tried to deliver by the forceps; failing in this he next resorted to a blunt hook, and not effecting anything with it, introduced a sharp hook, which he forced into the internal canthus of the eye, cut through the bridge of the nose, and got into the frontal sinuses; and then, by powerful traction, brought it to the world. The child lived for thirty-six hours afterwards, "minus one eye," a "broken nose," and a hole in

the forehead. Suffering soon after from pain in the genetalia, attended with constant dribbling of urine, giving rise to a disagreeable odor and abrading the thighs, she sent her husband for the same Dr., who furnished him with some ointment, to be rubbed over her abdomen.

Her situation becoming intolerable, and enlisting the sympathy of her neighbors, she was induced to seek other assistance.

I readily detected the nature of the disaster, and subsequently, with Dr. Harovitz, made a careful exploration of the injuries. There was a deep gash in the internal face of the right labia. The urethra was opened from near the neck of the bladder to within half an inch of its orifice, producing an extensive vesico vaginal fistula, entailing upon the poor woman all its horrible consequences.

We advised her to either proceed to some surgical asylum, or submit to an operation under our hands, giving her a fair representation of all the intricacy and uncertainty attending it. This she reluctantly consented to do, and we prepared to perform that of Bozeman's button suture. But through outside influence, or the machinations of this surgical mountebank, she clandestinely left, and never apprised us of her whereabouts.

"K."

# PAPER ON CHLOROFORM,

BY

ROBT. THOMPSON, M. D.

The death of Mrs. Morgan, which was occasioned by the use—the abuse—of Chloroform, I see by the medical and newspaper press, is exciting considerable attention in different parts of the United States.

This is as it should be; but that improper impressions should be promulgated against the use of so valuable an agent as chloroform, by the mal-administration of the article, is unjust, and ought not to be passed over in silence.

To any one acquainted with the use of chloroform, it is unnecessary to say that to a patient whose susceptibility is unknown, but a few drops should be applied, on some thin fabric, held in a concave form near to the face, and repeated at short intervals (as often as evaporation dissipates the fluid,) until it is apparent that no unpleasant symptoms supervene, when much increased quantities may be used with perfect safety, always, however, being watchful that the pulse and respiratory movements be not diminished too rapidly or too deeply.—And here I may say, that frequently as I have used chloroform in both surgical and medical practice, since its first introduction to the profession in the United States, it has been my habit not to induce anasthesia very rapidly, unless while in the progress of an important operation. The patient should so far recover from the first impression as to require a speedy reapplication of the vapor to induce a proper degree of quietude. But this is not all that is to be observed to render anesthetic practice safe at all times. From its sedative action or effect, cases may occur in which the inexperienced practitioner may become alarmed, and believe his patient to be dying. Now, as this state of things always depends upon the diminished action of the heart, and consequent inadequate supply of blood to the brain, the course of practice is most clearly pointed out; and where death results, I am free to say, it is for the want of the immediate use of the

very simple and ready expedient of quickly laying the patient down with head, if possible, lower than the body, at the same time commencing a uniform rather pouncing operation upon the chest, which should be continued until the air cells of the lungs are freed from the vapor, so as to admit a supply of pure atmospheric air, which is all that is necessary to restore a sufficient degree of vitality to the brain to re-establish and sustain the action of the heart, with all other partially suspended vital movements.

How was it with the last Boston case? The patient was not only *kept* in an erect position, but "was even requested to rise to her feet, and sustained in that posture by the doctor until she sank to the floor," before "she was laid upon the lounge, and then," says the witness, "there was a rush of blood to the brain." Now suppose just a thousand such cases to occur again, would any one be justified in requesting and assisting an effort of the patient "to stand up?" And if so, would such a movement not add to whatever of danger was present? Should any one doubt what would be the result, let him notice the effect of raising a patient, near fainting from loss of blood, to his feet. If he does not fall to the floor, it will be a much greater wonder, than that the lady in question died under the treatment she received. But whence the necessity, even if there was no help present to assist in carrying the patient to the lounge. If the operator's chair could not be thrown back so as to bring the body to a horizontal bearing, or even below this as regards the head and chest, the *floor* is always a ready recipient of the feeble in time of desperate necessity, and upon which the patient may with little assistance, and without delay, be placed for all necessary treatment.

"A rush of blood to the brain," "sprinkled water," etc. That any one ever witnessed a rush of blood to the brain while the patient was under the deep influence of chloroform, together with the adjuvant debilitant of the erect posture, stands well recorded on the same page with the "sprinkling with water," to arouse from such a state of insensibility as would permit all the limbs to be severed, without the twitch of a muscle or the twinge of a nerve. If this recent death in Boston was the only case in which life had been lost by keeping the patient sitting up until nearly dead, it might be less important to notice the fact, but we well remember Mrs. Simmons, of Cincinnati, and others, who died sitting in the operator's chair.

Next it might not be amiss to notice the coroner's report: "The jury feel compelled, upon the testimony and opinion of medical experts, to caution the public against the use of chloroform, as being a

dangerous anæsthetic agent." But has it come to this! That a coroner's jury, upon the evidence of *experts*, are to caution the public against the use of an article of such immense value; and this, too, in a community where it has never been fairly tested, from the fact that chloric ether has been almost exclusively used in Boston. It was the misuse of chloroform, or perhaps rather the mismanagement of the case, which should have been condemned as the cause of death in the case of Mrs. Morgan. As well might a jury of inquest caution the public against the use of sharp razors, because an unskillful barber, accustomed to a dull one, had cut the throat of his customer by shaving with a keener edged instrument, and in fright permitted death to follow the accident for want of knowing how to staunch the hemorrhage. Is a question of purely practical professional science, and a question of such acknowledged importance to the human race, to be passed upon by a non-professional, and consequently incompetent tribunal? We trust not.

Nor should the decision of any single case, however carefully investigated, be made the cause of denunciation of any valuable article of materia medica, and less so, where the abuse, as in this case, was not the matter of inquest.

"L"

# REPORT

OF THE

## Committee on the Relation of the Microscope to Pathology.

*(Manuscript not received by Publishing Committee.)*

"M."

# PAPER ON MORAL INSANITY,

BY

EDWARD MEAD, M. D.,

OF THE CINCINNATI RETREAT FOR THE INSANE.

The subject which I propose to bring before the notice of the Society, has been almost universally regarded either as a non-entity, or an unsettled point in mental pathology. Jurists have made it a bone of contention, while theologians and pathologists have found it a source of serious embarrassment. Physiological theories have complicated it, and sectarian religious dogmas have in some quarters caused its exclusion from the category of human ills; so that to judge of it clearly and understandingly, has required, on the part of the mental physiologist and pathologist, the widest range of study into the psychical nature of man. Although among *experts* upon the speciality, there is not an absolute oneness of opinion in relation to it, there is at least an almost uniform coincidence. Yet a large proportion of professional men have failed to see it in a clear light; and a still larger proportion of the mass of non-professional persons regard the admission of such a form of disease as moral insanity, as little better than a deliberate connivance to thwart the ends of justice. There are those also, occasionally, who essay to act as experts, ready, upon occasion, to fall in with the popular current, pronouncing, as has been done more than once in our courts of law, that "the opinion given by Dr. Mead, and sustained by Dr. Ray and other authorities upon the subject, is erroneously founded; that which they call moral insanity being nothing more than *cultivated depravity*." If it were reasonable to take for granted that which before this body, should be based upon accurate clinical observation and logical argument, I might be tempted to culminate the point at once, without citation or argument, expressing my abhorrence at such a revolting doctrine, believing as I do, that its practical application would consign to lasting infamy, hundreds of the God-stricken victims of multifarious accidents, from which neither wisdom, foresight, nor an irreproachable virtue can claim exemption.

But a due deference for the opinions of the large dissenting body of medical men alluded to, leads us to regard it for the time being as an open question, confident that an enlarged sphere of observation wherever suitable opportunity is afforded, will lead to its proper adjustment.

Here and there, intense thought has been bestowed, by brilliant minds, upon the variety of aspects in which the perverted functions of the human mind have been presented to us. A universal recognition of the morbid phenomena has resulted, yet no universal system of Nosology has been adopted under which to classify them. On the contrary, compared with the few writers on the subject, there is a wide diversity in the details, and even a contrariety of nomenclature. Heinroth, Jacobi, and others among the Germans, have their distinctions. Esquirol, with his successor, Baillarger, Pinel, Foville, and others among the French, have theirs; Pritchard and Morrison among the British writers; and Beck, with his contemporaries and successors in America, have theirs. The whole subject having but at a comparatively recent period emerged from obscurity, we must among all these reasonably expect impracticable theories and whimsicalities to be entertained. But we may, nevertheless, be surprised to learn how much of solid sense and practicality there is; how little damage can be done to the recorded opinions in this department of medical literature, when subjected to the searching ordeal of criticism; and how near an approximation there is to exactness in it as a branch of science.

In this country a simple arrangement has been generally adopted, based upon the classification of Esquirol, with but little modification in detail. Thus we have four general forms.

I.—Mania.
II.—Monomania.
III.—Dementia.
IV.—Idiotism, or Idiocy.

To these is added *Moral Insanity*. We have also a generic place assigned to *Melancholia*. This arrangement is open to various objections, but it is not my province at this time to point them out.

By the first term is understood acute, violent, or raving mania, in which there is also hallucination, illusion or delusion, one or all—that form which the popular mind embodies as its idea of Insanity. By the second, cases in which this form, so far as mental disturbance is concerned, is limited to one idea, or train of ideas, in the mind of the patient. By the third, absence of mental power, a degenerated condition of the intellectual powers, partial or total—a condition of amen-

tia, arising as the sequel of an acute attack, either spontaneously, or it may be gradually from defective nutrition in the distribution of vital aliment to the brain, or some other pathological condition of the brain. By the fourth, the same condition occurring congenitally.

The querist meets us at the outset with a formidable difficulty, in the form of a demand for a definition. "What is insanity?" is a question much more easily asked than answered. It will be readily conceded that there should be one grand scientific term, sufficiently comprehensive to embrace all the diversified aberrations or departures from absolute soundness of mind, the latter aggregate condition of mental health being adopted as the standard of comparison.

The term INSANITY is, perhaps, the best that could be selected for this purpose. *Lunacy* is too partial and inaccurate. *Non compos mentis* of the law books, or unsoundness of mind, is verbose, and is moreover beset with historical legal obscurities, derived by difficulties experienced by its adoption as a technicality in practice. *Sanity* expressing the condition of soundness, no term could be more appropriately devised, to designate unsoundness, than its converse, Insanity, with the understanding that it shall be made to comprise all degrees of departure from the condition of mental health, and every variety of form under which it may be developed.

A glance at medico-legal history will conclusively show how much difficulty has been experienced, and even palpable injustice done, by adopting questionable definitions. For a long period Insanity was made to consist in a "*total deprivation of memory and understanding.*" In our day, it seems scarcely credible that a body of observing men, distinguished for logical acumen, should ever have adopted such an absurdity. Every single case of departure from mental soundness, except the demented and idiotic, would by this technical distinction be excluded from the class of irresponsible beings. With the exception of these two divisions of Insanity, there never was a case known in which there occurred a total deprivation of memory and understanding. It is a common fact that the faculty of memory not only retains the usual power, but acquires, by abnormal excitement, an astonishing intensity, which remains persistently for years, or co-etaneously with the endurance of the physical powers. A striking example of this occurred in my own experience. A lady, near fifty years of age, was brought to my Retreat, in a state of Hysterical Mania, characterized by high excitement. She had formerly resided in Cincinnati, but for several years had lived in the State of Illinois, so situated as to favor the gradual obliteration of unimportant facts from the memory. A

hereditary predisposition soon developed active mental disease, continuing almost unremittingly down to the time of her admission. The power of memory had become intensified to a remarkable degree. She could relate, with astonishing volubility, and with extreme minuteness of detail, events of both public and private history which had occurred many years before. Some of these I incidentally became acquainted with, during the years of my pupilage, and were of such an unimportant character as to have made but little impression upon my mind at the time, and consequently had long passed from my memory, until thus unexpectedly revived, as if but a day had intervened. A periscopic retrospect seemed to be spread before the patient, enabling her to review all that she had ever seen or heard. Numerous instances of a similar character might be cited in illustration.

So, also, with regard to the power of understanding. By this term some philosophers designate a plurality of faculties, comprising the power of perception, conception, association, comparison, and so on; in short, reasoning, or an aggregate of faculties synonymous with intellect. I need not allude to the philological distinctions respecting these terms. Whether we regard the term understanding as a synonym of intellect, or as indicating a lesser degree of development of the same series of faculties, there still could be no case found which would come within the legal definition—total deprivation. On the contrary, we find in all cases of monomania, partial mania, and of general mania during lucid intervals, a power in this respect equal to the standard of health, and in many of them an acuteness which would rival the activity of the quickest intellects among sane persons. The daily experience of Asylums abound with examples of this kind. It is said of Lord Seaforth, that while undergoing treatment for mental aberration, in a Scotch Asylum, he was once visited by an officer in the army, who had recently been promoted. "My lord," inquired the officer, "how did you happen to get here?" "Very much as promotion is obtained in the army, sir; less by my own merits than the interests of my friends," was the witty reply. A similar anecdote is related of the celebrated Robert Hall. "What brought you here?" asked a friend. "What will never bring you, sir,—too much brain, too much brain," retorted the divine.

Another practical difficulty which has been thrown in the way of a proper appreciation of the diversified phases of mental disease, is the adoption, by the courts of law, of a technical test of soundness of mind, or its equivalent, criminal responsibility, in the words "a knowledge of right and wrong." This is tantamount to a denial of the ex-

istence of the disease in question. Notwithstanding the incorrectness of such a test in a scientific point of view has been repeatedly pointed out by mental pathologists, and the injustice of the infliction of punishment for alleged criminal acts, where it has been reduced to practice, admitted by the ablest jurists, we still find it entertained by Judges of Probate and of Criminal Courts. The testimony of practitioners in this speciality, derived from observation, may here be again adduced. Many insane persons have a knowledge of right and wrong. They have learned also that that test is sometimes applied, but that the better sense of the enlightened medical philanthropist revolts at it; and, consequently, it is a common expression among them, when they have perpetrated or are contemplating acts of petty mischief in an Asylum, "they can't punish us; we are crazy." There are instances of imperfectly organized beings, such as that of Nancy Varrer, where there exists but imperfet ideas of the abstract nature of right and wrong, and of the moral relations which they individually sustain to society, and who, as far as their actions are concerned, are subject to uncontrollable impulses, which antagonize at times whatever of intellectual appreciation they may have of right and wrong. Others are capable of reasoning upon it, and, as far as can be ascertained, have as distinct an appreciation of it, in all its bearings, as is enjoyed by persons of sound mind.

It is to be confessed, however humiliating the necessity, that the prevalence of illiberal and unscientific opinions among juries, is in some measure attributable to the neglect of psychological study among physicians; and in some instances to the fact that the direction of popular prejudice is first sought to be ascertained before an opinion is expressed, if not formed. Such a criterion must necessarily lead to the conviction of alleged criminals, in all cases where a community has been aggrieved by the commission of a revolting deed, and where the popular feeling has been influenced to a high pitch of excitement. An enlightened medical opinion would do much to correct these errors, and would secure for the testimony of physicians that degree of respect which its importance demands. The rights of community, moreover; a consideration of the bearings of moral accountability; the reciprocal duties of physicians and people, in the various relations of society; an enlightened philanthropy—nay, the voice of humanity itself requires of us to take a more enlarged view of a subject of such serious import.

Having adverted to these practical difficulties, we may again revert to the question of definition. During a discussion of this subject, at

a meeting of the Cincinnati Medical Society, some months ago, the very singular proposition was suggested, that each controversialist should set up for himself a standard, defining what he meant by insanity. The utter impracticability of this is seen at a glance, in the interminable discussion which would follow. It is necessary that the question should be met by the adoption, if possible, of a common standard. But here we find a still further difficulty, viz: in basing a definition of insanity upon an aggregate set of symptoms; thus, increased pulse, redness of the eyes, heat of the head, restlessness, sleeplessness, incoherent exclamations, violent gesticulation, with other physical and mental symptoms. To place in juxtaposition the various aggregations which have been grouped to answer a definition would be an unnecessary waste of time. The group of symptoms enumerated being present, there is no dispute as to the existence of insanity; yet it is apparent that it is as impracticable to attempt to define insanity by an arbitrary and invariable set of symptoms, as it is illogical to say that general disease consists of a combination of symptoms, which are fixed and invariable. Thus, for example, a rapid pulse, heat of surface, coated tongue, pain in the head, and other symptoms, characterize simple fever. But we cannot say that under all circumstances the presence of these symptoms is necessary to constitute disease. A man may be sick, and yet have none of them. He may have pain in the chest, difficulty of breathing, cough, discharge of mucous from the lungs, and he is considered a sick man. Both of these combinations of symptoms constitute disease under different forms. Exactly so is it with disorders of the mind. Wild and extravagant conduct, incoherent ideas, erroneous impressions with regard to visible objects around, constitute insanity under a particular form. But insanity may exist without the development of any of these symptoms.

Again, when we take into consideration the fact that we are differently constituted, it will require no argument to prove that a particular line of conduct, which indicates a departure from the natural and rational character of one person, should not be regarded as the standard by which to judge another, differently constituted. That which is consistent and proper in one, may constitute eccentricity, and even insanity, in another. Let us illustrate this. Suppose we have before us two individuals; the one an elderly, grave clergyman, always known to have been sedate and dignified, scarcely ever known to laugh in his life, in human progress a conservative of the old school, rigid in ethics, uncompromising in everything: the other a gay, frolicsome young man, buoyant as ether, thoughtless, careless,—a radical

transcendentalist. Now, if we were to observe the former of these suddenly undergoing a total change of character, laughing, sporting, playing antic tricks, extravagant and showy and dress, unbecoming in his manners, displaying jocularity irrespective of time and place, every one would spontaneously and anxiously inquire, "what is the matter with the Rev. Mr. ——? He must be crazy." And further investigation does, indeed, develop disease of the brain. But we cannot thereupon say that vivacity, cheerfulness, a fondness for comedy, sportive actions, constitute insanity; for these manifestations and this conduct comport with the natural character of the young man, while enjoying health and freedom from cankering care. In like manner, if the young man were suddenly to become grave, sober, dignified, always speaking in a solemn and impressive manner, never indulging in gayety and amusement, the same question would be asked, and the same conclusion drawn. "What is the matter with our friend? Something is wrong. I fear he is going crazy." Neither lively nor sedate conduct and conversation, therefore, constitute insansanity; but a change in all the essential characteristics which constitute a man's individuality, whether they accord with or distinguish him from others, and such a change as no ordinary events can sufficiently explain, compatible with the hypothesis of a reasoning mind.

Adopting Insanity as the grand term, we may define it to consist of that pathological condition of mind in which a man differs from his own known healthy character. In the healthy condition, he has his specific personal identity. In disease, he differs from himself. Such an explanation is at once relieved from the uncertainty of a fixed definition, based upon groups of symptoms and impracticable medico-legal tests.

Much of the embarrassment experienced in relation to this subject may be traced to the metaphysical distinctions of theologians and others, in regard to the constitution of the human mind. As a reasoning being, he is described as possessing two orders of faculties, the intellectual and the moral. The consideration of the one is conceded to the mental philosopher; the other is regarded as belonging to the special province of the moralist. Hence the bias given by the schools is carried out in practical life, in considering the departures of the mind from the healthy standard. The range of discussion is thereby restricted, and the results must, consequently, be erroneous. It would be more philosophical to consider man in his totality, as a sentient and reasoning being, surveying his entire psychical nature, as contradistinguished from the lower orders of creation.

For the purpose now in view, it matters not what system of mental philosophy we incline towards. We may regard the brain as a unit, or adopt, with Wigan, the doctrine of duality; or accept the doctrine of the prenologists, dividing the organ into fifty or more portions, and assigning to each one a particular faculty as its place of residence. For the sake of the argument, we may assume that somewhat ancient division, in regard to the exercise of its functions, into three principal parts, the anterior, the middle and upper, and the posterior; assigning to each a series of faculties. The first we may call intellectual, the second moral, and the third animal. It is as logical to suppose that one portion of the brain may be affected by disease, to the exclusion of the others, as that morbid action may be circumscribed within particular boundaries in any other portion of the body. And further, without reference to locality, inasmuch as it is conceded by every school of mental philosophers, that there is a plurality of faculties; and inasmuch as we know that a particular faculty included in the division intellectual, may be affected, to the exclusion of others, as in all cases of monomania, we may, by parity of reasoning, come to the conclusion that a faculty strictly called *moral* may be diseased, to the exclusion of others of the group, as well as to the exclusion of the intellectual.

This brings me to the definition of Moral Insanity, which, from what has been said, you will anticipate to be a disordered or diseased condition of the moral feelings or affections, without necessarily involving any disorder of the intellectual faculties. This may justly be considered the most important of the mental diseases, inasmuch as it is destitute of those outward manifestations which distinguish the outbreak of other varieties, and which seem to be necessary to satisfy the scruples of the unscientific observer. In consequence of thus being unappreciated, it fails to arouse that feeling of sympathy and commiseration for its unfortunate victim, which are manifested by the humane towards those attacked with other varieties. It is often the occasion of intense suffering to the patient himself, of distressing anxiety to his friends and relatives, and of danger to the reputation, property, or life of those who inadvertently become the victims of his extravagant and unreasonable conduct.

It is but a short time, comparatively, since this variety of mental disease has been recognized, and awarded a distinct place in the nosological arrangement. Yet anterior to its being thus classified, we find in the books descriptions of a form of disease corresponding to, and which may properly be considered identical with it. By those unac-

quainted with the nature of the subject, it is looked upon as an anomaly that a person can be of unsound mind who retains the power of reasoning upon the ordinary topics which excite conversation, and especially the capacity to transact business. Where a motive can be conjectured, it is, as already intimated, attributed to an attempt to shield the criminal from the just penalty of violated law; and where the nature of the case forbids such an interpretation, it is set down to a mawkish exhibition of morbid philanthropy.

In order to understand the true nature of cases of this description, it is indispensable that we should take that comprehensive view of mental physiology and pathology already alluded to, and that we should investigate each particular case with the most rigid scrutiny, comparing the acts of the individual with his known character, ascertaining from himself and others all physical symptoms which may have been observed, however trivial they may have been regarded by them, and however, apparently to them, disconnected with the mental pathology. The fact of hereditary predisposition must be looked into as one of the starting points. And here I may remark that the extent to which M. Baillarger has pushed this inquiry by no means transcends the legitimate range. Failing to detect the existence of well defined insanity in the direct line, we must follow the collateral lines among the ancestors of both parents. Nothing is more common than to receive a negative answer to the question put to relatives in relation to this point. They do not consider the predisposition to be hereditary, but only accidental, unless there has been an actual outbreak of the disease in the generation immediately preceding, losing sight of the fact that its germ may lie latent throughout the various branches of the family for an entire generation, to be developed again in full force in the next. Neither is it essential that the disease shall have existed in full form. If we can trace constitutional proneness to other diseases of the brain, spinal column, or nervous system, inflammatory or spasmodic, as Phrenitis, Meningitis, Cerebro-spinal Irritation, Apoplexy, Epilepsy, Chorea, Hysteria, and the partially developed morbific germs of those preceding generations, may ripen into full activity in the succeeding one, developing undoubted insanity. This applies as well to the collateral as to the direct lines. In that near approach to an unbalanced mental condition, eccentricity, we may also perceive the elements of predisposition. Tracing the inquiry to this extent, we shall find a much larger proportion of cases in which hereditary predisposition exists, than is apparent from the first answer given to the interrogatory by friends. We shall thereby

be afforded an explanation of acts which without it would be inexplicable, and thus be the better enabled to appreciate the true character of a given case.

I beg leave here to cite at random from the treatise of Dr. Pritchard, a case in illustration of this disease.

"G. H., a farmer, several of whose relatives had been the subjects of mental derangement, was a man of sober and domestic habits, and frugal and steady in his conduct, until about his forty-fifth year, when his disposition appeared to have become suddenly changed, in a manner which excited the surprise of his friends and occasioned grief and vexation in his family. He became wild, excitable, thoughtless, full of schemes and absurd projects. He would set out and make long journeys into distant parts of the country to purchase cattle and farming stock, of which he had no means of disposing; he bought a number of carriages, hired an expensive house ready furnished, which had been inhabited by a person much above his rank, and was unsuitable to his condition. The following incident was related as an instance of his capricious conduct. He had expressed a desire to survey an estate belonging to a gentleman in the neighborhood, with a view of becoming his tenant, and had been told that he should be conducted over the ground whenever he chose to call upon the steward. The time which he selected for this purpose was the middle of a dark night. The steward was awakened, and listened with surprise and suspicion to the proposal. He remonstrated for some time, but finding G. H. determined on his purpose, and pleading a positive promise from the landlord of the estate, he at length acquiesced, and accompanied the farmer with a lantern over the fields. G. H. made remarks on the trees, denoted the quality of the soil, the thickness of the hedges, and the usual signs which distinguish good from sterile land. He had gone over the estate, and took his leave just as the morning light began to dawn. G. H. was irrascible and impetuous, quarreled with his neighbors, and committed an assault upon the clergyman of the parish, for which he was indicted, and bound to take his trial. At length his wife became convinced that he was mad, and made application for his confinement in a lunatic asylum, which was subsequently effected. The medical practitioners who examined him were convinced of his insanity by comparing his late wild habits and unaccountable conduct with the former tenor of his life, taking into consideration the tendency to disease which was known to prevail in his family. The change in his character alone had produced a full conviction of his madness in his friends and relatives. When questioned as to the motives which

had induced him to some of his late proceedings, he gave clear and distinct replies, and assigned, with great ingenuity, some plausible reason for almost every part of his conduct. After a period of time passed in quiet seclusion, his mind became gradually tranquilized; the morbid excitement of his temper and feelings disappeared, he was set at liberty, and has since conducted himself with propriety."

*Ornomania*, or an irresistible propensity to indulge in the excessive use of intoxicating liquors, is a variety of disease coming under this head. Such attacks are often periodical, in males as well as females, the intervals wide apart, and the accession of the paroxysm sudden; taking place under circumstances which forbid the supposition of its being a voluntary act. The following case will illustrate this form of malady. J. J. B., Esq., a distinguished member of the legal profession, a gentleman of superior mental abilities, of liberal education, high-toned character, and estimable social qualities, was subject to paroxyms of this kind for a series of years, at intervals of six months. The onset was sudden, and the exacerbation well marked, continuing persistently for about three weeks, perfectly regardless of moral influences calculated under ordinary circumstances to check the inordinate gratification of the morbid propensity. Whether at home, surrounded by domestic attractions, at the office, employed in the deliberate preparation of papers, or in the midst of a trial in court, the terrific morbid impulse would come upon him, supercede everything else, run its course unchecked, until the physical powers would sink under the tremendous pressure, leaving the patient in a state of extreme mental and physical suffering. After a course of medical treatment his health and usual strength would return, and he would enjoy an interval of several months repose. For a series of years, the patient, after each paroxysm, would suffer remorse and anxiety, and indulge in self-condemnation. The paroxysms, however, became more frequent; and at length a ray of light having by some means shone upon his mind, giving him a better understanding, he sought a remedy. I was consulted both by himself and friends in regard to the proper measures to be adopted for relief. But before these could be applied, another attack came on, the powers of nature sunk under its violence, and thus a brilliant and estimable man was lost to his profession and to society.

Cases of this kind are generally greatly misunderstood. The severe moralist, anxious to reform all evils, displaying more zeal than knowledge, regards him as one of the least excusable of transgressors, and would visit him with condign punishment. But the morbid ap-

petite for stimulating drinks, in these cases, is the *effect*, not the cause of brain disease.

The propensity to theft is excited in the same way, by sudden impulse without motive. A case is somewhere recorded of a lady of respectable connections, abundantly supplied with this world's goods, who was in the constant habit of stealing articles merely from the morbid desire of possession. The articles were generally of the most unlikely character for a person of her habits and position, and sometimes of no pecuniary value. She stored them away, making no use of them whatever. After each act, she felt regret and remorse, appreciating the moral and legal effect of her conduct, and resolving to abstain from a repetition of it thereafter. But the power of resolution was driven away by the diseased propensity, like chaff before the wind, so that the moment a favorable opportunity presented, she committed the same acts again. Similar cases have come under my own observation. This propensity is frequently observed among the insane.

Thus we might trace the entire range of moral affections, discovering in their unhealthy action, a multiform variety of mental disease.

All writers admit the existence of Moral Insanity as a distinct form of disease, if not in express terms, at least by their recital of unusual cases, while some of the most distinguished assign it a distinct place in the nosological arrangement; and every practitioner of reading and experience in this specialty corroborates their opinion. We have as evidence, then, the weight of authority, supported by clinical observation.

The argument employed by the objectors to this doctrine is founded upon a mere assumption. It is said that all cases designated by this name have had, or will have, associated with the acknowledged symptoms, aberrations of the intellect, at some time or other during their progress. We answer, we have proved the existence of the symptoms which justify our diagnosis: if we are incorrect, and other symptoms exist which we have overlooked, the *onus probandi* rests upon you. Until these are proved to exist, our case is made out. Those who raise this objection place a very unjust estimate upon the capabilities for clinical observation, and the logical acumen of such men as Pritchard, Equirol, Heinroth, Ray, Bell, and their co-laborers in the department of psychological science. The minds of these distinguished men have been directed to this intricate subject, and they have failed to detect the presence of lesion of the understanding in the class of cases mentioned. If it exists it can exist only in a latent

condition, and this being a mere hypothesis, is incapable of proof, and is therefore for all practical purposes null. It is equally presumptuous to say that because, during a former attack, or at a period in the patient's history long antecedent to the time of the examination, lesion of the understanding had existed, the disease is identical in character with the previous attack, or with its characteristics during the early period of the present attack; for in such an assumption the important fact of *metastasis* is lost sight of. The assemblage of pathological phenomena in mental diagnosis is liable to undergo changes of form, just as a translation of morbid action takes place from one part to another in general disease. Sometimes the symptoms of moral insanity are the first developed, and terminate in recovery, or in a change of form to mania or monomania, or in death; or they remain persistently through life, however long it may be protracted. They cannot be regarded as the mere precursors of other recognized forms, or the last mentioned fact would never take place. Among these changes of form, it is not an unfrequent occurrence to find an attack of mania subsiding, leaving the patient afflicted with symptoms of moral insanity. He manifests a skillful capacity for business, is free from hallucinations, but he is taciturn, or morose, or displays an implacable hostility towards those who have been engaged in prescribing for, controlling, and providing for him the necessary care and treatment, during his more violent attack. Without provocation, such patients, with most malignant vindictiveness, compass the physical or moral destruction of the objects of their insane hatred. Such persons do not come within the description of Locke, "joining together some ideas very wrongly, mistake them for truths, and err, as men do who argue right from wrong principles." They seem to act often without motive, impulsively. They have no data; they can reason, but if asked for a reason, they ingeniously evade, or assign a plausible, though it may be false one; or decline a justification of themselves altogether. Of sudden impulses, many cases of homicidal mania are examples. In these there is simply a desire to destroy. The act is not the result of reasoning from false premises, for there is no hallucination: it is spontaneous, no feeling of revenge being entertained for either a real or an imaginary grievance. A case in point was related to me by an officer in the British Army, which I do not remember to have seen recorded. The commissioners empowered by Parliament to examine Institutions for the Insane, visited, among others, the private establishment of Dr. Willis. They there found a gentleman whom, after critical examination, they pronounced to be of sound mind, and ex-

pressed the opinion that he should be discharged. Dr. W. protested against the decision, stating that the patient was affected with homicidal mania. No external evidence could be afforded at the time, because nothing was easier than the concealment of the propensity at that particular crisis. But in deference to the better judgment and known worth of that distinguished physician, the committee postponed the execution of their decision until the next visit: they then examined the case again, and came to the same conclusion. Dr. W. still dissented from them, but was overruled. Upon a peremptory order the patient was discharged, and straightway sought the means of gratifying his diseased propensity. In half an hour he shot a man whom he had never seen before, without the slightest provocation; and then rejoiced that he had accomplished his desire, expressing a willingness to go back to the Asylum whenever they chose to send him. Here the testimony of the only person competent to judge of the true characteristics of the case was disregarded, and the result was the sacrifice of the life of an inoffensive man.

Often the commission of the act is the first circumstance which directs investigation into the character of the case. No motive can be found, or but an inadequate one, yet morbid phenomena will be found to have existed, it may be for a long time previously, although not involving the intellect. It is not uncommon for the homicidal maniac to assign a motive, at one time, and at another, when asked why he committed the deed, to answer that he doesn't know. The question of motive is susceptible of much farther elaboration.

The disordered moral affections of children, supervening upon attacks of brain disease or malignant fevers, may be cited in illustration of this subject.

Not to detain you farther, I will remark again, that taking the legitimate range of psychological inquiry, we must view man in his totality, as a reasoning and morally responsible being. Morbific causes attacking him within the same range, develop erroneous ideas, incoherent discourse and unreasonable conduct, which, as stated by Sir A. Morrison, are equivalent to errors in thought, in word and in deed. There is no known means by which to decide, during the inception of disease, what aspect the case will assume in reference to these three pathological series. They become developed in an infinite variety of forms, from the simplest to the most complex, corresponding to the multitudinous combinations of faculties, intellectual and moral; and in every conceivable degree of exaltation or depression.

"N."

# REPORT OF THE COMMITTEE ON FINANCE.

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The Finance Committee beg leave to report that they find by report of the Treasurer a balance in the treasury of - - - $12 40
Amount yet in the hands of the former Treasurer, Dr. Crum, 12 81
Initiation fees already received, - - - - - - 54 00

Total, - - - - - - - - - - - $79 21

The committee recommend that an assessment of one dollar be made upon the members, and that the proceedings, when published, be sent only to those who pay this assessment.

The committee further find that the books of the society show a large number of unsettled accounts. Some of these are of from three to eight years standing. We recommend that the Treasurer be directed to correspond with these gentlemen, requesting a settlement of their dues, and report at the next meeting of the society the names of all that may then be delinquent, and if yet alive and resident within the State, that their names be stricken from the list of members of the society.

E. P. FYFFE,
W. J. SCOTT,
J. M. SMITH.

"O."

# REPORT OF THE COMMITTEE

ON THE

# REGULATION OF THE PRACTICE OF MEDICINE,

BY

R. THOMPSON, M. D., CHAIRMAN.

The committee appointed to present a plan for the regulation of the practice of medicine in Ohio, beg leave to report, that, considering the elevated standard of qualification requisite for the practitioner of medicine in this enlightened age of the world, when mental as well as material progress is the order of the day, it is difficult to fix upon a standard which will at once meet the approval of the wise and the good, while the means of acquiring literary and medical instruction are so widely diverse, and so differently estimated by the homogeneous elements of our western population. Hence it is that failure rather than success is to be anticipated, and the most that your committee can promise, is to present such a glance at the subject as their very limited time would allow, while the important fact is manifest that much time and great deliberation could alone present a report equal in point of importance to the necessities of the case.

To the study of anatomy every enlightened mind will look as a basis upon which to found a substantial medical education, and to this it would naturally be presumed, all men wishing to promote and sustain an order of highly educated and sound practitioners of the healing art, would give a most hearty assent.

But strange as it may appear, instead of this approval being made manifest by the sanction of public opinion, we are pained to record the humiliating fact, that while almost every other human interest is sustained and promoted by legislation, this, which to the minds of your committee stands pre-eminent, is not only discouraged by legal enactment, but on the other hand denounced by that power whose business it is to protect and promote the highest interests of our existence.

Believing, however, that the State will yet do justice *to itself* in this respect, your committee feel emboldened to hope that the day is not far distant when a due regard for the living, will sanction the use of the criminal or the unknown pauper dead to their benefit. The idea of regulating the practice of medicine might at first glance appear to embrace a scheme for reducing medical education to a positive standard or course of instruction, the result of which would be to theoretically expect a similarity of practice, which, so long as the minds of men differ, can never be realized. Nor can we ever expect to arrive at such a state of equality in society, as to warrant the belief that the impudent pretender in medicine will not find encouragement in the practice of his impostures upon some laying claims to intelligence and respectability.

What, then, is to be done? Shall we ask the legislature to throw its arms around us, to shield us against the *invited tricks* of the charlatan, when they only affect our weak minded neighbor. The legislature cannot control the strange proclivities of such as prefer darkness rather than light, while on the other hand were we to ask this honorable body to restrain quackery by law, not only this class, but their friends and supporters, would, as heretofore, raise the cry of persecution, and charge upon us the desire to establish in ourselves a privileged order, the result of which would be to excite on behalf of this class, a sympathy which would react in their favor.

Such a scheme, therefore, your committee deem it improper to suggest as a basis of legislation. To the end that the irregular practice of medicine, or, in other words, quackery, be diminished in our State, your committee are fully impressed with the belief that this object can be most easily attained by elevating our modes of instruction, both as regards private pupilage and college. By improving our modes of tuition we can elevate the regular profession of medicine so far above the ordinary pretenders, as to enable our friends and neighbors to observe and acknowledge the difference, and for assistance in the carrying out of such a purpose, your committee do not entertain a doubt that the legislature will render all necessary aid.

Your committee would therefore respectfully suggest, that this association pray the legislature, during the present session, to enact a law authorizing the State Medical Society to appoint a Board or Faculty of Medicine and Surgery, at its annual meetings, for the purpose of examining, either jointly with, or apart from the faculties of the several medical colleges of the State, all candidates for graduation; authorizing such Faculty of Medicine, together with the Faculties of

Colleges aforesaid, or singly, as may be deemed best, to ordain such rules as they might think proper for the government of examinations. And secondly, that said Faculty be authorized and empowered to summon before them for examination all aspirants for posts of honor and profit in our public institutions, under such rules and regulations as might be prescribed by the legislature, awarding such post to the most meritorious, which he should fill during a specified term, unless displaced for malfeasance in office. Third, that local, county or district societies be formed pursuant to law, by which every practitioner of medicine in such district should be recognized as a member, and constrained to perform the functions and discharge the duties of members under the stress of legally imposed forfeitures, penalties, etc.

Fourth, that it shall be a legal enforced duty incumbent upon students of medicine within the bounds of such local societies, to submit to semi-annual examinations upon such branch or branches as they may severally have studied during the last past half year, the result of which examination to be registered in a book kept for that purpose, and a certificate setting forth the same placed in the hands of the student. Fifth, that no student of medicine be permitted to enter the portals of a medical college unless in possession of a set of semi-anual certificates, embracing a thorough and complete course of reading, which course shall have been designated by the State Society; provided, nevertheless, that nothing herein contained shall prevent any student of medicine and surgery from appearing before the said board of the State Society and College Board as aforesaid, for a final examination for graduation, which graduation, if merited, shall be considered of equal value and credit with that obtained by the process first above prescribed. Sixth, inasmuch as professional merit, while modest, may be confident, let it be demanded of persons claiming to be physicians or surgeons, on coming into this State to locate professionally, that they submit to such examination as that prescribed for graduating students. Seventh, In all competitions for place or office, in any or either of our State or incorporated institutions, the applicants or competitors for such post or office, shall each be required to read a dissertation, and deliver a discourse on the plan of the *con cours*, under such rules and regulations as the Faculty of Medicine shall dictate, upon the merits of which the professional fitness of such candidates is to be determined. Eighth, that in the filling of all vacancies in professional chairs in all State or incorporated schools or colleges, and in making transfers, the rules laid down in section —— be observed.

By effecting such ends and purposes as are herein hinted at, together

with such details as may be found consistent with the general scheme proposed, we will do much towards harmonizing the relationship which naturally exists between private pupilage and collegiate instruction, by making them properly co-operative and concurrent parts, a system which cannot be too closely united; and from the union of which would result the best means of *regulating* the education as well as the practice of medicine, for the reason, also, in addition to the foregoing, that the ambition of all, students, private preceptor, college professor, and even the legislative power of the State, would be stimulated, and through an honest emulation between the educational departments of medicine, every member possessed of the least professional pride would be excited to effort.

Your committee, for the carrying out of the views here presented, and knowing that this subject will command the grave consideration of this body, decline to report a memorial to the legislature at this present moment; but would beg leave to recommend the adoption of the following resolution:

*Resolved*, That a committee of members be appointed to draft a memorial to the legislature now in session, asking the passage of a law embracing such part or parts of the foregoing report, together with such other matter as this society may deem proper, and that each member use all honorable means to effect legislation upon this most interesting subject.

# CONSTITUTION.

## ARTICLE I.

SEC. 1. This association shall be called the "OHIO STATE MEDICAL SOCIETY, and shall be composed of resident and honorary members.

## ARTICLE II.

SEC. 1. The Society shall constantly have in view:

First—The association of the profession, for the purposes of mutual recognition and fellowship;

Second—The maintenance of union, harmony and good government among its members, thereby promoting the character, interests, honor and usefulness of the profession.

Third—The cultivation and advancement of medical science and literature, and the elevation of the standard of professional education.

## ARTICLE III.

SEC. 1. The resident members shall be regular practitioners of medicine and surgery, in the State of Ohio, who shall be elected by vote of a majority at any regular meeting, their eligibility having been previously reported upon by the committee on admissions.

## ARTICLE IV.

SEC. 1. Honorary members shall only be admitted by a vote of two-thirds of the members present, at a regular meeting, having been first recommended by the committee on admissions. The whole number of honorary members shall not exceed one hundred.

## ARTICLE V.

SEC. 1. A vote of two-thirds of the members present shall be requisite for the expulsion of a member, which vote shall be had in consequence of a report from the Committee on Ethics, and at the next regular meeting subsequent to such report.

## ARTICLE VI.

SEC. 1. The officers of this Society shall be a President, four Vice Presidents, two Secretaries, a Treasurer and Librarian, all of whom shall be elected annually, by ballot, and a majority vote, at the regular meeting. They shall severally perform the duties assigned in the by-laws, as shall also the standing committees.

## ARTICLE VII.

SEC. 1. The following standing committees shall be annually appointed by the President, and shall each consist of five members: 1st, an Executive Committee; 2d, a Committee on Finance; 3d, on Publication; 4th, on Medical Ethics; 5th, on Medical Societies. A Standing Committee on Admissions, of like number shall be elected by ballot, and a majority vote, at the same meeting, annually.

## ARTICLE VIII.

SEC. 1. No part of this constitution shall be repealed, annulled, altered or amended, except at a regular meeting, subsequent to one at which a proposition to that effect may have been made in writing, and then only by a vote of four-fifths of all the members present.

# BY-LAWS.

## ARTICLE I.

### MEETINGS.

SEC. 1. At all meetings the presence of fifteen resident members shall be necessary to constitute a quorum.

## ARTICLE II.

### OFFICERS.

SEC. 1. *The President* shall be elected annually, at the regular meeting in June, by nomination, ballot and majority vote. He shall preside, enforce a due observance of the Constitution and By-Laws, see that all members of committees and officers perform their respective duties, appoint all committees not otherwise provided for, give the casting vote only, sign Diplomas and all other official documents requiring his signature, and perform such other duties as appertain to his office by usage and custom.

SEC. 2. *The Vice Presidents* shall assist the President in the performance of his duties. In his absence shall preside in order of Seniority—rank being determined by the number of votes cast for each at his election—if the number of votes shall be equal, age shall confer precedence.

SEC. 3. *The Secretaries* shall keep the minutes of the proceedings of all meetings, notify officers, etc., of their appointments, and the duties required of them; sign Diplomas, and certify to all official acts requiring the same; receive the signatures and initiation fee of newly elected members, and do such other business as shall be required, or as the Society may, from time to time, direct in their department.

SEC 4. *The Treasurer* shall receive all moneys due to the Society, and pay all bills endorsed by the Finance Committee and countersigned by the President, keeping correct accounts of the same, and making a full and detailed report at the annual meeting in June.

SEC. 5. *The Librarian* shall have charge of all books, manuscripts,

instruments, preparations, and other scientific property belonging to the Society; shall keep a catalogue of the same, in the usual manner, and report upon the condition of his department to the annual meeting in June.

## ARTICLE III.

### STANDING COMMITTEES.

SEC. 1. *Standing Committees* shall keep regular minutes of their proceedings, and furnish an authenticated copy to be deposited with the Librarian.

SEC. 2. It shall be the duty of the *Committee on Admissions*, upon receiving the names of candidates for membership, to make due inquiry, and report such as may be found worthy to the Society, which may thereupon elect them. Should the Committee fail to report upon nominations submitted to them, any member having made such nomination may renew the same directly to the Society, in which case a vote of four-fifths of the members present shall be requisite to constitute an election.

SEC. 3. *The Committee on Ethics* shall hear all complaints of breach of etiquette, or violation of Medical Ethics; it shall decide all questions of Ethics submitted to it. If any member shall be charged, in writing, with any violation of the provisions of the Constitution or By-Laws, or with unprofessional conduct, a copy of such charge shall be furnished to him, himself and his accuser cited to appear, when the Committee shall proceed to hear the case, reserving its decision to be reported to the Society, when its action may be affirmed by a vote of a majority of the members present.

SEC. 4. *The Committee on Finance* shall superintend the monetary affairs of the Society, inspect and audit all bills and the accounts of the Treasury, and make such an assessment, by a pro rata tax upon the resident members, as may be necessary for incidental expenses; which, however, shall not exceed the sum of $100 per annum.

SEC. 5. *The Committee on Publication* shall superintend the printing of such papers as may be ordered to be published, so that they may be issued upon uniform paper, &c., under the title of "Transactions."

SEC. 6. *The Executive Committee* shall digest and prepare the business of each meeting, provide suitable rooms for the purposes of the Society, recommend plans for the promotion of its objects, and in all things protect and superintend the general interests of the Society.

SEC. 7. *The Committee on Medical Societies* shall consider and report on the organization of such Medical Associations as desire to become auxiliary to the State Medical Society, and generally take charge of this department; making, at each annual meeting, as complete report as may be practicable.

## ARTICLE IV.

SEC. 1. Any resident member vacating his membership, shall thereby be divested of any right or title to any portion of the funds, or other property of the Society.

SEC. 2. Every member, on admission, shall pay the sum of $3.00 as an initiation fee, and sign the Constitution and By-Laws; nor shall he be entitled to the rights of membership until the same is done.

SEC. 3. All vacancies in office shall be filled *ad interim* by the President.

SEC. 4. These By-Laws may be suspended by a three-fourths vote at any regular meeting, and they may be repealed or amended by a similar vote, notice of the same having been given in writing at a previous meeting.

SEC. 5. Rules of order, and all questions arising upon the same, shall be determined by parliamentary usage.

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## AMENDMENT TO BY-LAWS.

*Resolved*, That the Secretary be instructed to notify each member where his name occurs on any of the Committees, who have work to perform for the next meeting, within two weeks after adjournment.

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## AMENDMENT TO ARTICLE III, CONSTITUTION.

*Resolved*, That the officers of the several County or District Societies, auxiliary to the State Medical Society, be requested each year to report to the Secretary of said Society the names of all their members, to serve as a basis for the medical statistics of the State, and that the several Colleges of the State furnish the Secretary with a list of their graduates, annually, and that no physician not in good standing in his own County or District Society shall hereafter be admitted as a member of the State Medical Society.

# AN ACT

## To Incorporate the State Medical Society of Ohio.

SEC. 1ST. *Be it enacted by the General Assembly of the State of Ohio*, That R. Thomposon, F. Carter, G. W. H. Landon, A. H. Baker, R. D. Mussey, J. P. Judkins, J. F. Hibbard, Samuel St. John, G. H. Boestler, R. Hills, D. A. Cox, W. W. Rickey, and their associates, be and they are hereby made a body corporate and politic, by the name of the Ohio State Medical Society.

SEC. 2D. Said Association, so incorporated, shall have power to form and adopt a Constitution and By-Laws; Provided, nothing therein contained shall be contrary to law; and to alter and amend the same at pleasure.

SEC. 3D. Said corporation shall have power to organize auxiliary societies in any part of this State; shall be competent, through its proper officers, to sue and be sued; shall have and use a common seal, and alter the same at pleasure; shall have power to acquire and hold such scientific and other property as may be necessary; and to do such other matters and things as are usual in like cases, and proper for its perpetuation and the furtherance of its objects.

JOSEPH S. HAWKINS,
*Speaker of the House of Representatives.*

CHARLES B. GODDARD,
*Speaker of the Senate.*

FEBRUARY 22d, 1848.

# A PLAN

## FOR THE FORMATION OF AUXILIARY SOCIETIES.

Associations desirous of becoming auxiliary, must furnish to the Committee on Medical Societies a copy of their constitution and by-laws, and a list of the names of their members.

The Committee will report thereon, a majority vote of the Society, admitting as members the President and Secretary, *ex officio*, together with one delegate for every ten members the auxiliary society may consist of.

Delegates will present to the State Medical Society, such papers, etc., etc., as the Association they represent may select, copies of which they will deposit with the Committee on Publication.

In questions of a general nature affecting the profession of the State, should the yeas and nays be demanded, the delegates, on producing the individual authority of each, may vote by proxy for absent members of the State Medical Society, who are also members of the same Association with the delegate.

Auxiliary Societies will, so far as possible, contribute to the furtherance of the objects of the State Medical Society, by selecting from their own archives such original papers, essays, reports, and especial statistics, as they may deem of sufficient value, on every subject connected with medical science.

# AUXILIARY SOCIETIES,

## WITH DATE OF ADMISSION.

| | | |
|---|---|---|
| 1849—Hamilton County Medical Society, - | Auxiliary No. | 1 |
| 1849—Warren Co. Medical Society, of Lebanon, - | " " | 2 |
| 1849—Clark Co. Medical Society, - - - | " " | 3 |
| 1849—Lancaster Medical Institute, - - - | " " | 4 |
| 1849—Preble Co. Medical Society, - - | " " | 5 |
| 1850—Meigs Co. Medical Association, - - | " " | 6 |
| 1850—Wayne Co. Medical Association, - - | " " | 7 |
| 1850—Richland Co. Med. and Surg. Society, - | " " | 8 |
| 1850—Medical Association of Adams, Brown & Clermont | " " | 9 |
| 1850—Stark Co. Medical Society, - - - | " " | 10 |
| 1850—Erie Co. Medical Society, - - - - | " " | 11 |
| 1851—Miami Co. Medico Chirurg. Society, - | " " | 12 |
| 1851—Tuscarawas Co. Medical Society, - - | " " | 13 |
| 1851—Belmont Co. Medical Society, - - | " " | 14 |
| 1851—Montgomery Co. Medical Society, - - | " " | 15 |
| 1852—Shelby Co. Medical Society, - - | " " | 16 |
| 1852—Butler Co. Medical Society, - - - | " " | 17 |
| 1853—Champaign Co. Medical Society, - - | " " | 18 |
| 1854—Clermont Co. Medical Association, - - | " " | 19 |
| 1854—Seneca Co. Medical Society, - - | " " | 20 |
| 1854—Drake Society, of Columbus, - - - | " " | 21 |
| 1854—Delaware Co. Medical Society, - - | " " | 22 |
| 1855—Athens, Morgan and Washington Medical Association, - - - - - - | " " | 23 |
| 1856—Pickaway Co. Medical Society, - - | " " | 24 |
| 1856—Green Co. Medical Society, - - - | " " | 25 |
| 1857—Toledo Medical Association, - - - | " " | 26 |

# HONORARY MEMBERS.

| | |
|---|---|
| Prof. H. H. Childs, - - - - - - | Pittsfield, Mass. |
| Prof. Chas. A. Lee, - - - - - - - | |
| Prof. Wm. Sully, - - - - - - | New Haven, Conn. |
| Prof. J. Knight, - - - - - - - | New Haven, Conn. |
| C. B. Guthrie, M. D., - - - - - - | New York City. |
| M. J. Bailey, M. D., - - - - - - | New York City. |
| Prof. Willard Parker, - - - - - | New York. |
| J. H. Brower, M. D., - - - - - - | Lawrenceburg, Ia. |
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[illegible] Warren.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Bloomington.
[illegible] Winter.
[illegible] Lieutenant.
[illegible] Lieutenant.

[illegible] Lieutenant.
[illegible] Sidney.
[illegible] Lieutenant.
[illegible] Wour.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.
[illegible] Lieutenant.

[illegible] Lieutenant. [illegible] Lieutenant. [illegible] Lieutenant from [illegible].